Clinical Lectures

Delivered to the Students of the

MANCHESTER ROYAL INFIRMARY

during the Summer Session, 1889,

BY THOMAS HARRIS, M.D. LOND., M.R.C.P.,

SENIOR ASSISTANT PHYSICIAN TO THE INFIRMARY, PHYSICIAN TO THE MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT, AND SENIOR DEMONSTRATOR OF PATHOLOGY IN THE OWENS COLLEGE.

LECTURE II.

THE DIAGNOSIS OF THE EARLY STAGE OF PULMONARY PHTHISIS.

GENTLEMEN,—The diagnosis of phthisis in its early stage is often most difficult, and you will find that you not unfrequently meet with cases which will cause you considerable anxiety, on account of the difficulty of coming to a conclusion as to whether you have to deal with phthisis or with a less serious ailment. It is scarcely necessary for me to point out to you the importance of being able to arrive at a correct diagnosis in such cases. A mistake in diagnosis may have many serious consequences. In the first place, if we err in saying that a patient has phthisis, when there is no such serious lesion present in the lung, we shall not only cause the patient and his or her friends unnecessary anxiety, but we shall probably be the cause of a serious interruption to the patient's education or to his professional or business career. If, on the other hand, we fail to diagnose a case of phthisis, when we have seen it in an early stage, we lose most valuable time. If cases of phthisis were recognised more frequently at an early date and proper treatment could be adopted, there would be probably even more cases of arrest or of complete recovery than at present ensues. Doubtful cases of phthisis are so common that the question of the points which are of most value in the diagnosis of the early stage of the disease is one of the first importance. The difficulties attending the diagnosis of phthisis in its early stage are often very great. In some cases, however careful and skilled the medical man is, a positive diagnosis cannot be made, and we are compelled to act upon probabilities. There are many cases where it is absolutely impossible to state definitely and with certainty whether a person is or is not suffering from the commencement of pulmonary consumption. There are many causes of this difficulty, but the most common one is produced by the great variability in the physical signs which cases of early phthisis present. Cases of acute phthisis, and of chronic phthisis beginning abruptly, present difficulties of a different nature from those presented by phthisis of gradual and insidious onset. In the former cases we usually have no difficulty in recognising the fact that we have to deal with a serious disease. Our difficulty is in recognising its exact nature—for instance, whether it is a case of acute pneumonia, enteric fever, or acute phthisis; whereas in the case of chronic phthisis which has commenced gradually and not abruptly, we more commonly have a difficulty in coming to a conclusion as to whether we really have to deal with a serious ailment. This latter class of cases are most commonly mistaken for the less serious affections, bronchitis or for simple anæmia.

The first point of value in the diagnosis of the early stage of phthisis to which I wish to direct your attention is the history of the case. You will often find that the history of the illness, of the previous health, and the family history, are of immense value to you. It is common for patients suffering from the early stage of subacute or chronic phthisis to tell us that they have had a cough for the past few weeks or months. This cough has been probably only especially troublesome at night or the first thing in the morning. The cough has been accompanied by the expectoration of a small amount of phlegm, which on one or more occasions has been noticed to be streaked or tinged with blood, or they may have had a more profuse hæmoptysis; that recently they have lost a considerable amount of flesh and have felt less able than formerly to perform their usual duties. Such a history differs from that usually met with in a case of bronchitis, which is the disease most commonly mistaken for phthisis. Bronchitis is more frequently met with in persons of advanced age than is the case with phthisis, and when chronic bronchitis is seen in young adults we most commonly find that it has been of very long duration, and that they have been subject to repeated attacks since childhood. So that the first points of importance bearing on our present subject are the age of the patient and the duration of the symptoms. A history of cough for a long time past with the absence of definite physical signs of phthisis speaks very much against phthisis.

Then the history of hæmoptysis is very important. A profuse hæmoptysis in the case of young adults is, in the majority of cases, the result of pulmonary phthisis. As regards smaller attacks of hæmoptysis, such as the appearance of streaks of blood in the expectoration or a diffuse tinging of the sputum, the case is somewhat different. You not uncommonly find patients with chronic bronchitis, especially when the cough has been very troublesome, tell you that they have on a few occasions expectorated a small quantity of blood. Nevertheless, streaks of blood in the phlegm, or blood diffused through the sputum, are of far more frequent occurrence in the case of phthisis. Where we have a history of cough which has only been present for a few months, and where the expectoration has contained blood on several occasions, the significance of the presence of the hæmorrhage can scarcely be overrated, and should make you especially careful in the examination of the chest.

Although a history of hæmoptysis is of great importance, it is frequently necessary to make very careful inquiries as to its frequency, its amount, and the duration of the attacks. These inquiries are necessary because, among the numerous causes of the expectoration of blood other than pulmonary phthisis, we occasionally meet with one which is especially liable to mislead and to give rise to trouble in diagnosis. I refer to the cases which have been described as "spurious hæmoptysis." Patients so affected are in the habit of periodically expectorating small quantities of blood, and, although the amount at one time is rarely large, they expectorate small quantities for long periods and at not infrequent intervals. It is not always possible to say whence the blood arises in these cases, but in many you will find that the teeth are much decayed and the gums soft and spongy, readily giving rise to hæmorrhage on pressure, and it is probable that in such instances the gums are the source of the expectorated blood. So that it is very necessary to examine the mouth in cases where you are in doubt as to the true nature of the hæmoptysis. By a fortunate coincidence, we have two patients attending the out-patient department at the present time who are suffering from this form of hæmoptysis, and who I am able to show you. The first case is that of a young female adult who came to the infirmary complaining of "spitting blood." The most noteworthy point in her history is that, although there has never been any profuse hæmoptysis, she has been expectorating a small quantity of blood a few days in nearly every week for the last twelve months. There could be no doubt about the accuracy of her statement that she did expectorate blood, because we saw her do so whilst in one of the dressing-rooms. Examination of the chest revealed no signs of phthisis, but, although the gums were not spongy, blood was found to be oozing from the gum at the side of one of the upper bicuspid teeth. As you see, she is a very nervous girl, a condition not uncommon in patients with this form of hæmoptysis. It is not at all probable, however, that the case is one of malingering. The other case is that of a man thirty-one years of age, who is, as you observe, a very delicate-looking person, and not at all unlike a man suffering from phthisis. He states that he has not much cough, but that he has been repeatedly expectorating small quantities of blood during the past eighteen months. The physical examination of the chest reveals no signs of phthisis—in fact, as is evident to you at a distance, the upper part of the chest expands exceptionally well. The teeth, however, are very much decayed and the gums spongy, and there can be little doubt that the gums are the source of the hæmorrhage.

Although I bring forward these two cases to illustrate a hæmorrhage not the result of phthisis, I hope that you will not be too ready to explain a hæmoptysis by saying it comes from the gums or from the throat. Persons are commonly told that the source of hæmorrhage is the throat, even when such a statement is not made in order to calm their

fears, whilst in reality it arises from early mischief in the lungs. You will do well to regard all cases, where there is a history of even slight hæmoptysis, as serious until you can satisfactorily explain to yourselves the source whence the blood arises. A history of a profuse hæmoptysis or of the repeated presence of small quantities of blood in the expectoration is to be regarded as of great value in the diagnosis of the early stage of phthisis.

Another point in the history of cases of phthisis is the loss of flesh. The history of emaciation is very important, and very frequently, now that automatic weighing machines are so widespread, persons are able to tell you how much they are below their usual weight. The loss of weight in the majority of cases of phthisis is a most marked feature. It is true that persons affected with bronchitis often lose flesh considerably, but it is rarely such a marked feature of the case as in phthisis. It is also true that some persons affected with phthisis retain for a long time their usual weight, but such cases are exceptional and do not materially lessen the value of a history of marked loss of flesh.

There is one point in the history of phthisical cases which has not received the attention of observers which it probably deserves. This is the history of previous illness. Phthisis probably becomes arrested far more frequently than is usually believed to be the case, and careful inquiry into the history of the state of health of a patient suffering from phthisis will often elicit the fact that the present attack is not the only one from which they have suffered. Most commonly we find that phthisical patients will give a history of previous attacks of "bronchitis" or of "inflammation of lungs," and in many cases these illnesses have in reality been not bronchitis or simple inflammation of the lungs, but phthisis which has been temporarily arrested. In other cases we get a history of some illness which has been very obscure at the time and has been incorrectly diagnosed; but a careful inquiry into the symptoms renders it probable that the previous illness was phthisis, which became arrested. Lately several of such cases have come under my own observation, and I am able to show you one patient where the illness from which the man had previously suffered was at the time stated to be typhoid fever. The man is a delicate-looking person, thirty-one years of age. He states that his present illness began only six weeks ago. During this time he has been expectorating a considerable amount of phlegm, has had a very troublesome cough, and has lost flesh. The physical examination of the chest reveals definite signs of phthisis in an early stage. He stated that, with the exception of having had "typhoid fever" four years ago, he had enjoyed good health, and had had no other illness. Careful inquiry into the symptoms of the illness said to have been typhoid left no doubt in my own mind that what he had previously suffered from was not typhoid fever but probably phthisis, which subsequently became arrested. There had been no symptoms of typhoid, but he had been laid up in bed for several weeks with a cough, which had been present from quite the commencement of the illness, and he had repeated small attacks of hæmoptysis. The cough persisted after the acute period of the illness for several months, and he then became free from it and remained in good health until the onset of his present illness six weeks ago. It is not common for attacks of phthisis which have become arrested to be mistaken for typhoid fever. Very frequently the illness has been an obscure one, and not correctly diagnosed. But the most frequent history to get is that the person has had what was believed to be bronchitis or simple inflammation of the lungs. So that you will often find that the careful sifting of the previous history is of great value as a help in diagnosing the early stage of tubercular phthisis.

The family history is also sometimes of importance in enabling us to come to a conclusion in a doubtful case of phthisis. Where there is a marked history of tubercle in the family, slight physical signs and symptoms of phthisis have far greater significance than they would have if presented by a person with a good family history. A case at present under observation at the Manchester Consumption Hospital illustrates the value of the family history. It is that of a girl who came to the out-patient department about four months ago. At that time she was moderately well nourished. She presented signs of consolidation of the left apex, but her illness was an acute one. It had begun abruptly only two weeks previously, up to which time she had always enjoyed very good health. The physical signs were consistent with the case, being one of simple acute pneumonia; but the history of tuberculosis in the family was so marked that the diagnosis of phthisis was rendered more probable. Her mother and father had both died of phthisis; her brother was at that time attending the hospital, and was in the third stage of the disease; she had lost one sister of consumption, and her other sister was in a delicate state of health. The subsequent history of the case has proved that it was one not of simple pneumonia, but of phthisis. You will understand, therefore, that the history of the illness, the history of the previous health, and the family history are each of importance in the diagnosis of cases of phthisis. Often you will find great help by giving careful attention to the points in the history of the case, because, as we shall see, the physical signs in the early stage of phthisis are often very indefinite.

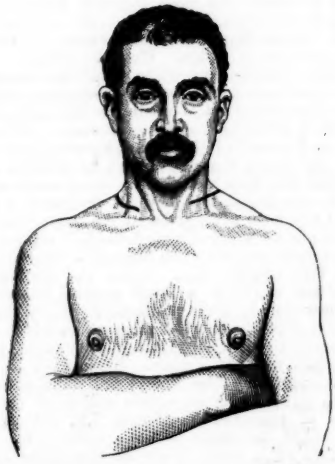
The physical signs at the commencement of phthisis vary considerably in different cases. The signs presented by the acute cases and by the chronic ones which have begun acutely differ from those met with in the chronic cases which have shown no acute onset, but which have begun insidiously. We will, however, consider the physical signs commonly present in the early stage of phthisis, irrespective of the differences met with in various types of the malady.

The importance of inspection as a method of physical diagnosis of diseases of the chest can hardly be overrated. By simply looking at a patient we often obtain most important information, and have our attention directed to facts which would otherwise escape recognition. It is a well-known fact that students and medical men make more mistakes through carelessness than from ignorance. Mistakes in the diagnosis of chest ailments are very commonly attributable to a neglect to employ inspection carefully. It is no unfrequent occurrence to see a student, who is given a chest case to examine, at once proceed, after he has made a few preliminary inquiries into the previous history of the illness, with percussion and auscultation, without ever first carefully looking at the patient generally, or at his chest in particular. If we all made it a rule to spend a few moments in simply looking at our patients, without proceeding with a more detailed examination, we should make fewer mistakes, and find the time so employed well spent. These remarks on the value of carefully employing inspection apply to all chest cases, and you will find that in the diagnosis of the early stage of phthisis a careful inspection will often give you valuable aid. I show you here a patient who illustrates the value of inspection in such cases, and specially the importance of getting a good and full view of the chest. With female patients this is often a difficulty; but it is impossible to make a careful and satisfactory examination of a female's chest if such a person only unfastens the dress and underbodice. This patient is a delicate-looking girl who has some symptoms of phthisis, but in whom the physical signs are very indefinite. You will notice, however, at the lower part of the neck and at the outer part of the right infra-clavicular region two large scars. These scars are in such a position that they might easily be overlooked if the chest had not been freely exposed to view. The presence of the scars, however, is of great importance from a diagnostic point of view. They indicate that this patient has some time ago had scrofulous disease of the lymphatic glands, and we know that such persons often at a later period of life suffer from pulmonary phthisis. The presence, consequently, of these scars makes us attach more importance to the symptoms from which she is suffering, and to the slight and indefinite physical signs of phthisis, than we should do in a healthy-looking person who presented no such indications of previous tuberculosis. Persons with phthisis are usually spare, anæmic, and the shape of the chest in many cases differs from that seen in healthy individuals. These signs are also often present in the early stage of the disease. The chest is often long and narrow, with a small antero-posterior measurement. On careful inspection we can frequently observe that the upper part of the chest on one or both sides shows imperfect movement, the expansile movement being most frequently deficient.

On percussion you can in the early stage of many cases detect no difference between the two sides. But in the majority of cases, and especially in cases where the onset has been a gradual one, we find that the patients do not come under our observation until the percussion note is altered. In many cases we can only detect impaired resonance over one apex, over the supra-clavicular, clavicular, or infra-clavicular regions, or behind over the extreme

upper part of the interscapular region or supra-spinous fossa. There are not sufficient data for us to say which of these regions most frequently presents the abnormal signs in the early stage of phthisis. My own experience leads me to direct your attention to the examination, with special care, of the posterior parts of the apex of the lung, to the examination of the extreme upper part of the interscapular and the supra-spinous regions. I believe that the examination of the posterior parts of the lungs more commonly gives us definite results than the examination of the anterior portions. In other cases there is no impaired resonance over the diseased apex; but the volume of sound obtained on percussion may be actually greater than over the healthy apex. In many of these cases we find that, although the volume of sound is greater over the diseased apex, the pitch is raised and the quality altered, the latter often being hard or wooden. In other cases the percussion note is of a different type, being an approach to the tympanitic quality, and which has been described under the name of "sub-tympanitic." These cases, where the actual volume of sound is not diminished or is actually increased, are not unfrequently misleading. An inexperienced observer may readily mistake the healthy for the affected side. I show you here a case of undoubted early phthisis, where the percussion note over the upper part of the interscapular region of the right side is not dull, but of the sub-tympanitic quality. Another point which you can frequently detect even in an

FIG. 1.

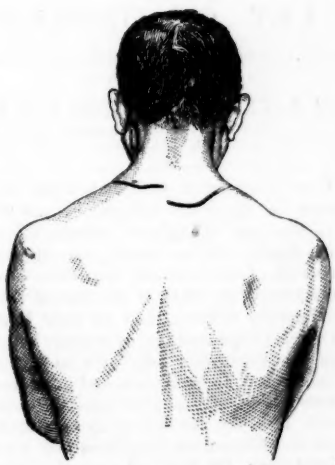


early case of phthisis is the increased resistance to the finger which is acting as the pleximeter. There is one sign of consolidation of the apex of a lung which has not received in this country the attention which it probably deserves. The effect of consolidation is to diminish the volume of the apex, and that diminished volume can often be demonstrated by percussion of the apex. If we percuss out the upper limit of the lungs in a healthy individual, it is found that the upper limit is the same on both sides, the upper limit as obtained by percussion not being higher on the right than the left side. In cases of early phthisis, however, the upper limit of the affected apex is lower than that of the healthy lung. The difference in these cases may be marked in front and behind, or in only one or other of those regions. In mapping out the upper limit of the lung, you will find it most convenient to stand behind the patient, even when percussing the upper limit of the anterior aspect of the apex. I show you here a patient affected with early phthisis where this difference in the height of the apex on the two sides is evident. (Figs. 1 and 2.) Figs. 1 and 2, taken from a photograph, show the difference in the upper limit of pulmonary resonance in front and behind in a case of consolidation of the right apex. In reference to this point of the diminution in the volume of the apex, you must be warned that you may be unable to recognise any difference between the two sides in consequence of the presence of emphysema round the consolidated portion of lung. It is a sign, however, which in some cases is of value in the diagnosis of early phthisis. I believe it will be found especially of value in those cases where we find impaired resonance over one apex, and where we are unable to say whether such impaired resonance really indicates any consolidation of the lung beneath, or whether it is only a difference which may be present in some persons who have no lung mischief. If we find that there is not only impaired resonance, but that the upper limit of the apex on that side is lower than on the other side, we then have evidence that the impaired resonance is probably due to actual change in the lung beneath.

Vocal fremitus gives us very little help in the diagnosis of early tubercular disease of the lungs. We might expect that the consolidation would cause an increase of the vocal fremitus; but the early changes in phthisis occurring most commonly in the apex, and being also of limited extent, we are as a rule not able to recognise any difference between the vocal fremitus of the two sides.

The auscultatory signs in the early stage of phthisis vary considerably. In some cases the most careful examination of the whole chest may fail to reveal any abnormal sounds. As a rule, however, we can by careful comparison of corresponding parts of the chest recognise either some alteration of the respiratory murmur, or the presence of some variety of adventitious sounds, such as crepitations, rhonchi, or friction sounds. As regards the alterations of the vesicular murmur which are met with in early phthisis,

FIG. 2.



we may find that simply weaker, without any alteration in its quality, over the anterior or the posterior aspect of one apex, as compared with the corresponding part of the other side. This weak vesicular murmur is certainly very commonly heard over an apex in early phthisis. It may be the only feature to be recognised, existing alone without any alteration in the quality of the inspiratory portion, and without any prolongation of the expiratory division.

In other cases the respiratory murmur is divided, and the expiratory portion is more or less prolonged. Great care is requisite in recognising this divided respiration and the prolongation of expiration. It is very easy to mistake the transmitted pharyngeal sound for prolonged expiration, and another frequent source of error arises from the artificial separation of the inspiratory from the expiratory, and the rendering of the expiratory portion more distinct than is usual by the manner of respiration. It is certain that we not unfrequently get divided respiration with the expiratory portion more distinct and prolonged, where the patient is told to take a deep breath, without there being any consolidation of the lung near the part of the chest auscultated. It is the fact of one or both these signs being audible at some point on one side, whilst the phenomenon is not audible at the corresponding point of the other side, which gives the sign its value. So that a most careful comparison of the two sides must be made. I think, however, that the value of the prolongation of expiration as a sign of early phthisis has been much exaggerated, and,

as Dr. Walshe states, when unaccompanied by any alteration in quality, it must be received with great caution as a sign of that condition.

In some cases the inspiratory portion of the vesicular murmur is not smooth and uniform, but is irregular, wavy, or jerky. Here, again, it is necessary to warn you to be careful in your observation, because inspiration may become uneven and irregular in consequence of the manner in which the patient respires, apart from any changes in the lung; and also consolidation of the lung is not the only cause of true jerking inspiration. In other cases the inspiratory portion of the vesicular murmur is harsh, whilst the expiratory division is not altered. In still other cases the expiration is harsh and prolonged, and separated from inspiration by a short interval. In some cases the breath sound is more than harsh; it is quite bronchial in type. Bronchial breathing, however, is not commonly audible in the early stage of chronic phthisis, but it may be heard at a very early period in that variety of phthisis which in our pathological classification we termed the confluent or lobar variety of caseous pneumonia. In the early stage of chronic phthisis the breathing is more commonly harsh than truly bronchial.

(To be continued.)

Introductory Address
ON
THE ART OF OBSERVING.

Delivered at the opening of the Session of the Belfast Royal Hospital,

BY JAMES ALEXANDER LINDSAY, M.A., M.D.,
PHYSICIAN TO THE BELFAST ROYAL HOSPITAL, CONSULTING PHYSICIAN TO THE ULSTER HOSPITAL, &C.

LADIES AND GENTLEMEN,—My first words to you this morning must be those of welcome. Some of you are returning to the scene of former labours, others appear amongst us to-day for the first time; some of you are only on the threshold of the medical curriculum, others are approaching its goal; on behalf of the staff of this hospital I bid you all heartily welcome, and on their behalf also I express the earnest hope that the days spent by you within the walls of this institution may serve to lay for each of you the foundations of an honourable and prosperous career. Standing here to-day, my thoughts naturally revert to the morning when I sat for the first time as a student upon these benches and listened to an address from my esteemed friend and colleague, Dr. Ross. I remember very vividly the feelings of that day—feelings of doubt and apprehension regarding the future, and of helplessness and ignorance in view of the great world of disease just beginning to open before me. If feelings in any way analogous to these should affect you this morning, let me express my full sympathy with them—the sympathy which comes of practical experience. I speak to you to-day as one who is still near enough to his student days to recall all their hopes and fears, their difficulties and misgivings, and who will think his best efforts well spent if he can in any way lighten your labours and facilitate your progress.

I do not propose to stay this morning to offer you any exhortations to diligence and industry. I have had too many proofs both in my present and my late position in this institution of your zeal and capacity for work, to think that such exhortation is needful. Your zeal, I feel sure, needs guidance rather than stimulation. Some of you I may have found deficient in knowledge, in powers of observation, or in accuracy of reasoning. Idle or indifferent I have never found you, and I believe I never shall find you. Therefore I shall not stay to remind you, except in the briefest manner, that you are now entering upon the most critical period of your existence. You have only one life to live; only one period of preparation for that life; only one spring-time for the sowing of the seed, which your whole after life will be spent in reaping. This is true of all men; it is doubly true of you. You have chosen a career among the most responsible and difficult in the human lot. Now is your time for ensuring that that career will be one of benefit to others and honour to yourself, not a career of useless regrets, of ineffectual efforts to overtake the lost hours, and of ultimate failure. Now are open to you the opportunities and facilities for becoming masters of your art. They are offered once, and once only. Men of exceptional talent and uncommon energy may in after life recover the ground lost in youth, but in the great majority of cases the loss is final and irreparable. The converse is no less true. Good work done by you now cannot fail of its reward. This reward may not to all of you take the form of wealth or repute, but reward there will be in some shape. At the lowest, you will have the consciousness that you know your business in life, that your opinion and judgment are really worth something, that you are good workmen, not bunglers intermeddling with what others could do better. Fix your mind, then, to-day steadfastly upon this ideal of personal efficiency, of individual competency, and cherish the hope that if this be assured the future must bring you some share of happiness and satisfaction. Use the opportunities that are now open to you; dwell in the present, but endeavour that the present be such that you may never have to look back upon it with self-reproach. Take as your motto the words of the great German poet, Goethe,

> "Ernst ist das Leben, möchte ich es fühlen,"

or the still higher note of our own Milton,

> "Nor love thy life, nor hate; but what thou liv'st
> Live well; how long or short, permit to Heaven."

I propose to spend our time together to-day mainly in considering the faculty of observation, its mode of exercise, how it may be developed, and the errors and fallacies to which its exercise is liable. How to observe, what to observe, what errors to shun while observing, these are our topics, and I need not dwell upon their supreme importance. The entire science and art of medicine rest primarily upon the recognition of the indications of disease. All our treatment, all our forecast of the probable course and duration of disease, rest upon our power first to observe, and then to reason from, the signs by which we recognise its existence. Diagnosis is the foundation both of prognosis and therapeutics, and you need not wonder at the large place—almost the exclusive place—which diagnosis holds in clinical instruction. To diagnose correctly you must first observe correctly. The rest is then usually easy. When the medical student first enters the wards of a large general hospital he is confused, bewildered, perhaps discouraged, by the variety and complexity of the morbid phenomena which meet his eye. He seems to walk through a mighty maze, and for a time it appears without a plan. He is at a loss how to begin his examination; he knows not what questions are pertinent to put; he is uncertain which of the various instruments of precision he should first call to his aid. Obviously, what he needs is some method by which to proceed. Two rules seem to me at this stage to possess high value: (1) employ your own senses—sight, touch, hearing, &c.—in a certain definite and fixed order, and (2) observe a similar fixed order and routine in examining the various organs of the patient's body. Let the cutaneous, respiratory, circulatory, digestive, urinary, reproductive, and nervous systems pass successively under review. When you have acquired a considerable practical acquaintance with disease, you may afford to dispense with this routine, and may often reach your goal by a shorter road, but while your knowledge is limited and your experience small you cannot safely ignore any of these stages. Let us look at these two rules a little more closely.

In observing the phenomena of disease we employ mainly three of our senses—sight, touch, and hearing. Taste and smell, although occasionally useful, are only exceptionally required. Your business, then, in the main is to learn all you can by the use of the eye, the hand, and the ear. Look, feel, listen—this is what you have to do, and you had best take the stages in this order. This is the natural order, the order of passing from the simpler to the more complex, and its observance helps wonderfully to keep our ideas clear and systematic. No mistake is more common among students than reversing this order or hovering between two of these methods. Thus a student approaches a case which he has reason to suspect is one of cardiac disease. In nine cases out of ten he at once applies his stethoscope, hears a murmur, makes up his mind as to its nature, and forthwith gives his opinion. Now, how much surer his diagnosis

if he proceeds by the more logical method. If he carefully scans his patient, notes the presence or absence of pulsation in the veins and arteries, the extent and apparent strength of the heart's impulse, the condition of the extremities, the presence or absence of dropsy, the amount of cyanosis; if he then calls touch to his aid, places his hand over the heart, notes the presence or absence of a thrill, forms a gauge of the extent of hypertrophy, if present, feels the pulse, and estimates the tension in the vessels,—by the time he has exhausted these methods his diagnosis is often practically made, and he applies his stethoscope only to confirm by the ear what he has already learnt by the eye and the hand. I do not wish to be misunderstood as exalting sight or touch above hearing, but merely emphasise the importance of the two former, because in medicine, as opposed to surgery, students are peculiarly apt to underestimate their value. First, then, use your eyes, use them constantly, form a high estimate of what they are capable of teaching you. You can hardly too carefully observe the physiognomy of disease. Learn to form pictures in your mind of the typical aspect which so many diseases present. Note the dusky skin, the laboured breathing, and the constrained posture of heart disease; the sunken cheeks, the hectic flush, the brilliant eye, and the flat chest of phthisis; the puffy eyes and the pallor of Bright's disease. Contrast the half-drunken stupor of typhus with the clear intelligence so often found in typhoid. Compare the reeling gait of cerebellar tumour with the peculiar stamp of the heels to be seen in locomotor ataxy. Be on the watch for the greenish hue of chlorosis, the yellow skin of jaundice, the bronzing of Addison's disease. The physiognomy of disease is important not for diagnosis only; it is almost more important for prognosis. The change for better or for worse is often apparent in the expression when no other sign is available, and the skilful nurse will often read the signs of impending death or find an augury of recovery in visible indications which are indefinable but of very real value. Not to enlarge unduly on this branch of the subject, allow me again to urge you to employ the eye, the hand, and the ear in the work of clinical observation—to employ them in this order and as a matter of fixed routine, admitting of but few and occasional deviations.

The second rule which I urged upon your attention was the adoption of some fixed order in the examination of the various organs of the body. This is indispensable. Begin as a rule with the surface of the body, note the general type of the organism, the character of the integument, the osseous and muscular development, the nature of any abnormalities that may be present. Proceed, then, to the examination of heart, lungs, digestive system, urinary organs, brain, and spinal cord. If you follow this method and carry it out with moderate watchfulness and efficiency, it is almost physically impossible that you should make many mistakes, or often overlook much that is of importance. The neglect of this rule is fruitful in the most ruinous and unpardonable blunders. A patient seeks advice for some dyspeptic symptoms. The unwary practitioner examines the tongue, asks a few questions about the appetite, the sensations produced by food, and the state of the bowels, and prescribes accordingly. The patient takes considerable quantities of soda, or bismuth, or rhubarb, and finding that he is nothing better but is rather growing worse, seeks advice from another practitioner, who adopts the systematic method of examination, and forthwith discovers that the patient has a mitral murmur, his dyspepsia being cardiac in origin, and prescribes accordingly with prompt relief. Or take another instance. A patient walks into your consulting-room and volunteers the information that he is suffering from asthma. You examine the chest, find only vague signs, and perhaps prescribe stramonium or some kindred remedy. The patient gets worse, seeks other advice, the urine is examined, and the discovery made that the case is one of Bright's disease and that the asthma is, as not unfrequently happens, renal in origin. I might go on indefinitely in illustration of my point, but it is needless to do so. Our time will have been well spent here this morning if I shall have succeeded in impressing upon you the great rule that you cannot safely neglect any of the principal organs of the body, and that unless your case be so clear and obvious as to leave no room for reasonable doubt, it is your bounden duty to explore all the organs and employ all the methods of precision at your command.

So much for the two chief rules which should guide our observation in clinical study. Let me now say a few words regarding the habit of mind upon which the capacity for correct observation depends. That habit of mind includes a love of truth for its own sake, a power of looking steadily at facts, of keeping the mind clear of all prepossession and prejudice, of freely admitting our ignorance, and of holding all our conclusions as provisional until the proof is final and complete. Form now, and ever practise, the inestimably valuable habit of looking steadily, resolutely, patiently at facts. Do not be in too great a hurry to get at explanations of facts. Many of our explanations of the facts of disease are provisional and temporary; some of them are almost certainly false; of some facts we can scarcely suggest any explanation at all. But if you have got hold of a fact—as apart from a theory, a conjecture, or a speculation—you have got hold of a grain of pure gold. Speculation changes, theories have their little day, and give place to others, which are displaced in their turn; but facts, if they be facts, are eternal. Therefore get hold of them. Grapple them with hooks of steel.

I invariably find students very anxious for an explanation of the facts of disease. That is natural and right. If a true and complete explanation can be given, it is a great accession to our knowledge. But I find students apt to be discouraged when told that the facts are such and such, but that we cannot explain them. That is not a right feeling, and should be restrained. As your mental horizon broadens in the course of your education, you will discover that the field of human knowledge is very limited—that it is, in fact, only a tiny oasis in the great desert of the unknown. The part of wise men is not to sit lamenting that the oasis is so small, but to endeavour to do something, however little, to extend its borders. Youth is willing to confess its own ignorance, but in its generous innocence it thinks its teachers should be omniscient and unerring. Alas, they make no such claim. They know a little more than you, that is all. It is enough, however, to warrant you in giving them your most careful attention. The study of disease is well calculated to discourage dogmatism and to promote intellectual modesty. There is so much that we do not know, so much about which we can hardly form even a probable conjecture. When you have thoroughly realised these facts you may feel a little temporary discouragement and be tempted to chafe against the limitations of human knowledge, but in time you will reach the mental attitude of Dr. Arnold of Rugby, of whom it was said that "before a confessed and unconquerable difficulty his mind reposed as quietly as in possession of a discovered truth." It is some consolation to reflect that the best minds have been the readiest to admit their ignorance. At Trinity College, Cambridge, there is the statue of Isaac Newton with Wordsworth's fine inscription:

> "The marble index of a mind for ever
> Voyaging through strange seas of thought alone."

Yet he who voyaged through strange seas of thought alone and pushed his barque so much farther than his fellows, was yet content to describe himself in a metaphor—well-worn, indeed, but never to become trite—as only gathering a few pebbles on the margin of the great ocean of truth.

Look, then, steadfastly at facts; store them up as something sure to prove precious and fruitful. If you cannot always explain them, that does not make them less valuable. Begin, even now, to form an inventory of what some of you, at least, have observed of the phenomena of disease. If you have observed one, two, or a dozen cases of, say, disease of the mitral valve, or pleurisy, or chorea, carefully store them up, recollect the age, sex, and occupation of the patient, the main features of the case, the treatment adopted, and the result. You will be astonished how useful this method will prove to you, and how soon your little stock of facts will grow and expand until you begin to feel how valuable it is.

Next, look at the whole fact. Do not be content with observing that the patient has a murmur over his cardiac area, or crepitus at the apex of one of his lungs, or albumen in his urine. Look at the case as a whole after you have carefully observed it in detail. Inquire how all the functions are performed, what amount of general health and vigour are enjoyed, what trouble the patient is most conscious of. Keep steadily in view both the individual symptoms and signs and their collective significance. Mr. Mill, in his work upon "Logic," says: "The observer is not he who merely sees the thing which is before his eyes, but he who sees what parts that thing is composed of." Let your observation, then, be as analytical as possible.

When you have carefully observed the individual facts you can then piece them together into a harmonious and congruent whole.

Let us now pass on to consider what errors of observation we are most prone to commit. Those errors are usually grouped by logicians under two heads—viz. (1) Errors of Non-observation, and (2) Errors of Mal-observation. The first error is that of failing to see something that is present; the second error is that of thinking we see something which is not really present at all. In the first we overlook something; in the second we misread something. If you examine a patient and discover wasting, cachexia, or hæmorrhage, but overlook a cancerous tumour in the abdomen, that is an error of non-observation. If, on the other hand, you examine a patient's abdomen and diagnose as a tumour what is only a tense rectus muscle, that is an error of mal-observation. Instead of illustrating these errors at length, let us rather inquire why we so usually commit them. A common cause of error is where there is some motive for rememberinng one fact rather than another. The motive may be self-interest, or only a love of the marvellous. You have all seen Zadkiel's almanack. The predictions are wrong in ninety-nine cases out of a hundred, but occasionally by a happy hit the hundredth case is strikingly true. The vulgar mind, which loves the marvellous and delights in magic, just as it hates science, seizes on the single hit, overlooks the innumerable failures, and acclaims the weather prophet as a genuine seer. The fame of the bonesetter is of similar origin. He makes a score of failures for one success, but once in a while he gives a lucky wrench to a knee that has been stiffened by a little too much expectant surgery, the patient is cured of his lameness and goes forth to trumpet abroad the skill of the bonesetter and the incompetency of the regular practitioner.

A similar source of error is the presence of a preconceived opinion on the part of an observer. It has often been observed that travellers see in foreign countries just what they come prepared to see. Two travellers visit France. One finds the French cultured and civilised beyond any other nation, supreme in art, eminent in science, in many ways admirable. The other traveller is chiefly struck by the absence of salt-spoons, or the infrequency of soap, and in every savoury dish sees a gruesome vision of frog. And so, many an observer goes into the wards of a hospital, eager to discover evidence in support of some pet theory of his in therapeutics or pathology. He rarely fails to discover the evidence, but it is very commonly invisible to all eyes but his own. Perhaps, like some enthusiastic brethren of ours across the Channel, he regards biniodide of mercury as an infallible cure for scarlatina, or thinks a few whiffs of carbolic vapour will rout the bacillus of tubercle. With such prepossessions, even perfect honesty and more than average intelligence will not save the observer from the most fatal errors. Sometimes this snare of preconceived ideas takes another form. A practitioner of more than usual cleverness takes pride in the rapidity of his diagnosis. After a few brief questions or a rapid examination he forms and announces his opinion. His further inquiry into the case is very commonly devoted, not to finding out facts as they really are, but to twisting, colouring, or inventing facts to suit his hastily formed and incautiously announced opinion. I am sure that this is a frequent and dangerous error, and I would like to warn you against it with all earnestness. Do not form hasty opinions; if you have ill-advisedly formed a hasty opinion, and further inquiry shows its falseness, freely admit your error, and do not waste time putting forward ingenious paradoxes to defend the indefensible. Charles Darwin tells us in his "Life" that when he came across a fact or argument opposed to his opinions and results, he always made a careful note of it, as he found by experience that such facts and arguments were far more apt to escape the memory than favourable ones. I am afraid many act on exactly a contrary principle—remembering facts favourable to their preconceived ideas, and forgetting or ignoring facts that are adverse. This is intellectual dishonesty, and is as bad intellectually as a lie is bad morally.

Beware of confounding a fact observed with the conclusion which you draw from it. In writing out your notes of cases, or in giving answers at the bedside, make it a rule to give facts only, and not inferences—unless you are asked for them. What you observe is one thing; what you argue or infer from your observation is something totally different, and the two must always be kept distinct in thought. It often happens to me to say to a student, "Examine that heart, and tell me what you observe," and to receive the answer, "Mitral—or aortic—obstruction," or "Regurgitation," as the case may be. Now, these affections may be present, but you cannot directly observe their presence; you can only infer it. What you do observe is a certain position and character of cardiac impulse, a certain kind of sound or sounds, a certain quality of pulse, and so on. Your diagnosis, I repeat, is a matter of inference, not of direct observation. Or, to take another case, I say to a student, "Examine that patient's lungs, and tell me what you observe," and I get the reply, "Oh, it is phthisis." It may be, but what you have really observed is not phthisis—that is inferred,—but a certain type of organism, a certain shape of chest, some alteration in the movements of the chest walls, some alteration in percussion, some change in the breath sounds. Remember, then, this rule: Keep sharply distinguished the facts you observe and the inferences you draw from them. If your observation be correct, the facts are certain and unalterable. The conclusions you may draw from them are a different matter; they may or may not be true, and depend for their validity, not upon observation, but upon reasoning.

Time would fail me to day to enter upon the large subject of inductive reasoning. I would most strongly urge you to make yourselves acquainted with some manual upon logic, such as that of Fowler, or, better still, Mill's incomparable work. It has been said that men have reasoned correctly without having learnt the rules of logic, just as men have walked correctly without having been drilled, or talked correctly without having learnt elocution. True; but drill and elocution have their uses, and prevent or rectify many an awkward and embarrassing fault. It may seem a refinement of cruelty to suggest another addition to the labours of the already over-weighted medical student, who, in these days of multiplied tests and expanding curricula, reminds one of Matthew Arnold's picture of England overwhelmed with the cares and responsibilities of empire:—

> "The weary Titan ....
> Staggering on to her goal,
> Bearing, on shoulders immense,
> Atlantean, the load
> Well-nigh not to be borne
> Of the too vast orb of her fate."

If I could chip a few pieces off the too vast orb of your examination papers I should be glad to do it, but I think I see a means whereby my suggestion may come in harmlessly. If you cannot spare time for the study of logic—in other words, for the study of the processes which you will be performing rightly or wrongly almost every waking hour of your lives,—if you cannot spare the time now, when other subjects make imperious demands upon your attention, the opportunity may hereafter arise. Soon most of you will obtain your diplomas and enter upon your first year of medical practice. This is a time of varied experiences, but one thing may be safely predicted—you will find it a time of the most ample leisure. You will find that when you put up the visible sign—whether in brass or otherwise—that your professional services are at the disposal of the public, the public will for a considerable time pass by on the other side. This the public has a perfect right to do, perhaps is even, in most cases, wise in doing. When this time comes to you, do not waste the leisure which is for the moment superabundant, but which will some day be scanty. Do not worry yourselves with anxious fears for the future or be impatient for the success which will come quite as soon as you are ready for it. Spend that leisure time in sedulous self-improvement. Fill in the gaps in your knowledge. Devote yourselves to subjects which you were necessarily compelled to neglect during your student carreer, and amongst other things I would strongly advise you to do what Dr. Clifford Allbutt has recently told us he did at this epoch with so much advantage—viz., make yourselves familiar with the general principles of reasoning and learn when you are justified in drawing conclusions from the signs and symptoms which you will be constantly engaged in studying.

A word upon the motives which should inspire you in striving to make yourselves thoroughly efficient. First, there is your own personal advantage, which, within reasonable limits, it is perfectly right and laudable to seek to promote. That personal advantage you will best secure by professional efficiency. You have all heard the sneer that in medical practice what is chiefly required is "a good

bedside manner." If there is any truth in this sneer, so much the worse for the intelligence and discernment of the public. By all means have a good bedside manner—tact and sympathy are potent forces,—but add to it a thoroughly practical knowledge of medicine and surgery, and you will not find the addition of trifling moment and value. Your next motive should be the public weal. It has been said with perfect truth that "good doctoring is better than no doctoring, and no doctoring is better than bad doctoring." If now and here you acquire a fair mastery of your life work, there is no reason why each of you should not become the friend and benefactor of humanity. If, on the other hand, you waste your time and fail to become moderately efficient and yet, through some lack of vigilance on the part of your examiners, succeed in obtaining a diploma, you will be a danger and a foe to humanity, like a pirate or a buccaneer hoisting the red cross of the hospital ship. Lastly, aim at high efficiency for the sake of science and for the credit of our common profession. What is the great reproach and weakness of the medical profession? It is that "doctors differ." It is that in a criminal trial half a dozen medical witnesses will swear that a man died of arsenic poisoning, and another half dozen medical witnesses will swear that he did not die of arsenic poisoning. The public looks on and scoffs. Can we wonder at them? Our opinions concern the most vital of things. They should be supremely important. Unhappily, they sometimes fail to inspire confidence. Medical science may never become perfectly exact, but it must strive to become more exact. When we have attained more precision and more agreement among ourselves—and these can only be obtained by earnest, patient, laborious effort and study,—our usefulness will be enormously increased, and our professional status will correspondingly rise; for, as Darwin says, "The public is wise enough always to follow scientific men when they agree on any subject."

And now it is time for me to conclude. There is a saying of the old Greek poet Hesiod that "He is a fool who does not know how much greater the half is than the whole." This saying is hardly of universal application, but it is, I think, worthy of the attention of all public speakers, including readers of introductory addresses. I shall, therefore, not detain you longer, but I should like to leave with you as my last word, the reflection that in a short time you will share the privileges and be called upon to support the reputation of the ancient and honourable art of healing. Whether in a large circle or a small, whether in the wide arena of a great city or in some quiet country village, you will be the representative of the profession of medicine, and men will in some measure form their estimate of that profession from your skill, your faithfulness, and your humanity. You must first be reasonably skilful, and here and now you have the time and opportunity for acquiring that skill. You must next exercise that skill with energy and uprightness, maintaining a high standard of duty, and placing your patients' interest and welfare before any selfish advantage. Lastly, you must not give any occasion for the frequent satirical comment that to medical men the most awful instance of suffering is only "an interesting case," only a curious anomaly to be scanned with keen but unsympathetic eyes. Remember that you will have to deal, not with casts and specimens, but with living, breathing, suffering, sorrow-laden men and women. Disease is always in some degree a misfortune; in some cases, and in its more serious forms, it is not seldom a great calamity. Patients look for more than advice from us; they expect sympathetic interest, and hope to find not only the physician but the friend.

It is not likely that the profession of médicine will ever cease to hold a high and necessary place in the public esteem. Preventive medicine, hygiene, and the general diffusion of knowledge may do much, but they will never wholly abolish disease, and where disease exists there must always coexist the art which undertakes its study and relief. The public will have their joke at us, they are welcome to it, but they seek our aid nevertheless. As Byron puts it,

> "This is the way physicians end or mend us,
> *Secundum artem*:—but although we sneer
> In health—when ill, we call them to attend us,
> Without the least propensity to jeer."

Learn your art, then, master it if you can. If you do so, you may face the future without apprehension, you may be assured that a fair share of usefulness and prosperity will be yours, and that the gratitude of your fellows will not fail to follow.

ABSTRACT OF

The Harveian Lectures

ON THE

SURGERY OF THE KIDNEYS.

Delivered before the Harveian Society of London,

BY J. KNOWSLEY THORNTON, M.C.,
SURGEON TO THE SAMARITAN FREE HOSPITAL.

LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—My first duty to-night is to thank the Council of the Society for the great honour they have conferred upon me in asking me to deliver the Harveian Lectures, and in doing so I can only express the hope that they and you, who kindly support their choice by your presence, may, when I have completed my pleasant task, not regret the appointment. I have selected the Surgery of the Kidneys as my subject, in preference to any of the others with which my work in London has made me specially familiar, because while the latter have all been largely written upon, both by myself and others with special experience in abdominal surgery, our subject to-night has been chiefly discussed by the general surgeon, and sometimes with an evident bias against the abdominal methods of dealing with renal disease. It is always well to hear both sides of a question, and as we are already in possession of several able expositions of the views of those who advocate the lumbar methods in dealing with most of the surgical diseases of the kidneys, I shall offer no apology for devoting much of the time at my disposal to an examination of the methods of treating these diseases by abdominal section.

Floating kidney is essentially a congenital condition, the kidney having a true mesentery, so that it becomes practically an intra-peritoneal organ. Its chief surgical importance lies in the fact that it may be altogether impossible to reach it by lumbar incision. Of movable kidney there are several varieties, and a deficiency in the adipose tissue is the chief predisposing cause. The kidney in both these conditions is usually abnormally sensitive, and hydronephrosis may be produced, or torsion of ureter or vessels may cause uræmia. For treatment I have found a truss which is made by Mr. Hawksley a great comfort in some cases, while others derive more benefit from a simple spiral elastic bandage, or from a half-moon-shaped pad worn inside an ordinary abdominal belt. Though nephrectomy for simple mobile or floating kidney is quite unjustifiable, yet I think that nephrorraphy in extreme cases is quite a proper proceeding. The operation may be well performed from the loin, and the kidney may be fixed, as recommended by Gould, by kangaroo tendon sutures, which may be left in permanently. I think it is a good plan to thoroughly stir up the areolar adipose tissue over a considerable surface, and put in several thick red rubber drainage-tubes, so as to obtain the maximum of aseptic irritation. The oblique incision usual in lumbar colotomy, only rather higher up, answers well for exposing the kidney in this operation. Some operators incise the capsule and stitch the two cut edges to different parts of the external wound, but I do not think this is either necessary or advisable. Hydronephrosis is a distension of the kidney with its own secretion from some obstruction to the escape of the urine, and is, as I have said, an occasional result of undue mobility of the organ. The obstruction may occur at any point between the renal opening of the ureter and the meatus urinarius. It is most commonly somewhere in the ureter. Many cases are congenital, the ureter being abnormal in structure or in anatomical relation to the kidney. In other cases it is an acquired condition, due to some congenital abnormality in neighbouring parts, which in time interferes with the passage of the urine. It may affect the whole kidney or only some portion of it, and the fluid in an advanced stage frequently contains neither urea nor uric acid, but is watery, with a little salt and a trace of albumen; later it may contain blood, or become pyoid, producing one variety of pyonephrosis. The most certain symptom is the presence of a tumour, which occasionally disappears, the disappearance being accompanied with increased flow of urine. The

diagnosis is not always easy; retro-peritoneal, omental, and mesenteric cysts are especially difficult to differentiate from hydro-nephrosis, and it has been a common error to mistake an ovarian cyst for a hydronephrosis, or *vice versâ*. It is also in some cases difficult to distinguish between hydro- and pyo-nephrosis. Careful aseptic puncture far back in the loin and examination of the fluid removed are the only certain means of diagnosis, at any rate in many of the cases. Puncture may also be tried as a means of treatment, though I believe that there is no good evidence that cures are often effected by it. It should be performed with the aspirator, the needle being introduced far back in the loin, to avoid risk of puncturing the colon or peritoneum, or of allowing extravasation of urine into the latter cavity. The skin round the point of puncture, and the needle and trocar, should be carefully purified by a watery solution of corrosive sublimate or other powerful antiseptic, and great care should be taken to avoid the entrance of air as the trocar is withdrawn from the empty cyst. If relief follow, it may be repeated from time to time; but if the fluid rapidly reaccumulates, some more radical operation must be undertaken. I have completely failed in two cases with incision and drainage, and I believe that nephrectomy is the proper treatment in all cases which do not improve after one or two tappings. Pyonephrosis is a similar distension of the kidney, with purulent urine, or pus alone. It commonly results from suppuration in an old hydronephrosis. It may follow calculus and careless catheterism. It must not be forgotten, however, that the kidneys are the great excretors of septic organisms; hence suppuration may occur in them without direct external agency. The inflammation and suppuration may extend not only through the secreting structure, but into the surrounding adipose tissue, and add thus greatly to the difficulties to be encountered in giving surgical relief. The symptoms are those common to all suppurations together with the appearance of pus in the urine, and to these may be added at any moment the symptoms of septicæmia or of uræmia. The treatment will vary according to the cause and extent of the pyo-nephrosis. Simple pyonephrosis, resulting from injury, from the transformation of hydronephrosis, from the earlier stages of tubercle and scrofula, and from the presence of calculus, may all be successfully treated by incision and drainage, combined in the latter variety with the removal of the stone. Pyelitis may be best discussed under the calculous, the tubercular, and the scrofulous conditions which most frequently produce it. Pyelonephritis is an inflammatory suppuration involving the whole kidney, and is a result of some disease of the pelvic urinary organs, and commonly known as "surgical kidney." It nearly always involves both kidneys, and is not susceptible of surgical relief, so that it need not detain us. Renal abscess is a collection of matter in the tissue of the kidney arising from injury, calculus, spread of suppuration from neighbouring parts, or from the administration of some drug specially obnoxious to the kidney. It is usually unilateral, the symptoms being those of suppuration with renal pain and possibly tumour. If physical signs be obscure puncture may be employed, to be followed by free lumbar incision and drainage, when the exact situation of the abscess is made out. Perinephric abscess is a collection of matter in the tissues immediately surrounding the kidney. It is very often diffuse, spreading in the sub-peritoneal cellular tissue and the sheaths of abdominal and retro-peritoneal muscles. It most commonly follows extension of suppuration from within the kidney in advanced tubercle or old cases of calculus, and may follow the improper use of the exploring needle or trocar. The treatment is free incision and drainage.

Gravel and calculus are the most common cause of all the diseases we have been considering, but though they are usually the cause, they may be also in some instances the effect, being induced by the retention of the urine too long in the kidney, as in movable kidney and hydronephrosis, which results from some abnormality in the ureter. The possibility of removal of a stone from the kidney by lumbar incision has been known since the days of Hippocrates. In 1869 Mr. Thomas Smith read before the Medico-Chirurgical Society an admirable and suggestive paper on the method to be employed in removing a stone from the kidney. In 1878 I attempted to carry his suggestions into practice, but was mistaken in my diagnosis, and only gave exit to a quantity of tubercular pus, with great relief to the sufferings of the patient. Two years later Dr. Coupland recommended the operation to a patient under his care in the Middlesex Hospital, and his colleague, Mr. Henry Morris, successfully removed the stone, and established the lumbar method of operating. I have performed the operation thirteen times, with but one death—that of an elderly Frenchwoman, whose kidneys secreted no urine after the operation. Renal calculus is most common in the young and after fifty years of age, urate of ammonia and uric acid being, according to Taylor, the most common nuclei in the respective periods. The oxalate or mulberry calculus, though not so common, is undoubtedly the one which causes the most severe symptoms and sufferings. It is impossible to describe even briefly all the varieties and their special pathology, but fortunately they are all, if not left too long, susceptible of surgical cure by incision and removal.

The most common and important symptoms are pain in the loins and back, often shooting down the ureter into the testicle in the male and into the ovary in the female, and into the hips, thigh, and knee, aggravated by motion, especially if it be of a rough or jolting kind; hæmorrhage, which is especially liable to follow such rough movements, the urine when passed being either smoky, bright red, or coffee-coloured; and the presence in the urine of crystals, or of small fragments of the calculus. In more advanced cases the presence of pus in the urine, with irritability of the bladder, especially at its neck just after the act of micturition, are also common. To these local symptoms must be added a number of reflex phenomena, especially disturbances of the digestive organs, indigestion, nausea, retching, vomiting, and flatulence. The latter, being often markedly troublesome in the colon on the affected side, sometimes amounting to actual intestinal colic, is in my experience one of the most common and early symptoms in the majority of cases, and is one which is very apt to be overlooked or misunderstood. Intestinal colic frequently precedes and is apt to mask the true renal colic caused by the passage or attempted passage of a stone down the ureter. It must be borne in mind, however, that most of these symptoms may be present in a case in which no stone can be found, and they may be markedly and constantly referred to one side, whilst the stone is in the kidney on the opposite side—a sympathetic transference of pain from a diseased organ to its fellow, which I had frequently observed in the ovary, before I had any experience in renal surgery. Though the verification of the presence of a stone in the kidney by striking it with a fine strong needle introduced into the organ from the loin found favour with some surgeons, I have never employed it, for there is danger of wounding large vessels, of passing the needle into the bowel or peritoneum, and of exciting degenerative change in the secreting structure of the kidney. It is not uncommon for the stone to become fixed in the ureter, just at its entrance into the bladder wall. I have met with two such cases, and in one in which the kidney had become pyo-nephrotic and disorganised I removed it, and left the stone, with a perfectly successful result. In the other I removed the stone by dilating the urethra and cutting it out through the bladder: but a ureteral fistula resulted, and the urine was discharged into the pouch of Douglas. The patient, a woman of weak intellect, went out of her mind, became quite unmanageable, and died of exhaustion a fortnight after the operation.

Calculous suppression of urine can arise from the blocking of one ureter, the opposite kidney and ureter being quite healthy. It is therefore necessary in such a case, if we are to save the patient from impending death, to decide, and to decide quickly, whether both ureters are blocked or only one, and, if the latter, which of the two. If one ureter be blocked, and the kidney on that side enlarged, temporary relief may be obtained by puncture through the loin; but if there be any doubt as to which is affected, the only proper course is immediate abdominal section by Langenbüch's incision, through which both kidneys can be explored, and the further surgical procedure found necessary can be aided. The stone if found in this way should not be extracted through the peritoneum, but through a counter-opening in the loin; or if it be close above the bladder, suprapubic cystotomy should be done, and the stone extracted by that way. For the certain detection and removal of a renal calculus, I prefer to open the abdomen by Langenbüch's incision over the suspected kidney, examine carefully both kidneys and ureters, and, having found a stone, to employ

one hand in the peritoneum to fix the kidney and stone and guard the colon, while with the other I can cut down upon the stone directly from the loin, merely making an opening through the loin tissues large enough to introduce the finger and the necessary forceps for the extraction of the stone. The opening of the peritoneum is primarily exploratory and diagnostic, and secondarily of great advantage in enabling the stone to be accurately and quickly reached and extracted. The loin incision does not interfere with the peritoneum, and no wound is made from the peritoneal surface of the kidney; it is much smaller and cleaner than the wound necessary in ordinary lumbar nephrotomy, requires no sutures, does not leave a weak place in the loin with the chance of hernia, a not uncommon result of the ordinary lumbar operation, and admits the necessary drainage-tube through a small channel, without risk of extravasation of urine into the tissues around the kidney, or of the troubles of secondary suppuration. I have now performed the combined operation ten times—twice in the male and eight times in the female. All but one fatal case have made rapid and satisfactory recoveries with one exception, and this patient had a persistent fistula, for which her kidney was successfully removed by Dr. Savage of Birmingham.

Let me recapitulate the advantages which I claim for the combined operation, as compared with the simple lumbar incision. We are certain that the patient has the usual allowance of kidneys. The chances of overlooking the stone, if there is one present in either kidney, are reduced to a minimum. I do not say that the abdominal handling is absolutely infallible, but in fourteen operations I have only once failed to find a stone, and the recovery and present health of this one patient, as already given in her own words, make it highly improbable that there was or is a stone in her kidney. This result compares very favourably with the large number of unsuccessful lumbar explorations already recorded. Greig Smith mentions twenty-five cases of unsuccessful lumbar exploration—i.e., no stone could be found. There is no fear of cutting into the healthy kidney while the stone is in the opposite one—a serious accident which my cases demonstrate as possible at any time by the lumbar method. There is no fear of accidental wound of either colon or peritoneum, because they are guarded by the hand in the peritoneum, while the kidney and stone are fixed, so that a small, clean cut upon the stone is all the damage inflicted upon the loin tissues. There is consequently infinitely less risk of extravasation of urine or of after-suppuration, and no risk of a loin hernia. There is the great advantage of ascertaining what is the condition of the other kidney, and that of both ureters.

What are the objections to be set against these advantages? Simply the making of two cuts instead of one. The increased risk, due to the opening of the peritoneum, is practically *nil*—i.e., if the surgeon will take the pains to perform a thoroughly aseptic operation. I quite admit that this is the key of the position. If there is to be risk of septic infection of the peritoneum, then the combined operation is not justifiable; but I maintain that with proper care the mere opening of the peritoneal cavity and the manipulations in it necessary to examine the state of the kidneys and ureters, and to aid the execution of the lumbar extraction, are practically free from risk—certainly as free from risk as a large wound made through the various loin tissues, by a surgeon who is not cleanly enough in his work, to avoid danger of infecting the peritoneum. The method of making the incision in the operation of lumbar nephro-lithotomy I will describe fully under the head of nephrotomy in my next lecture. In several cases the kidney could not be found by this method, and in a large number of others no stone could be found. If the latter were small and loose it could be easily extracted, but if large or fixed much careful and dexterous manipulation became necessary to loosen the grasp and extract the stone. In a fat or muscular subject counter-pressure lent no aid, the kidney slipping about and carrying the stone away from the extractor. When the operator is convinced that no stone remains, the interior of the kidney should be well flushed out with some warm antiseptic solution. I use 1 in 2000 corrosive sublimate lotion. One or more rubber drainage-tubes are then introduced up to the kidney, but not into its interior, and a few interrupted points of suture and a large absorbent antiseptic dressing complete the operation. If no stone is found in the pelvis, each of the calyces should be carefully explored with a No. 3 Duncan's uterine dilator, and the secreting tissue pressed between the fingers. In considering whether lumbar nephrectomy is practicable, the surgeon should always take into account the conformation of the individual, for in some cases the last rib almost touches the iliac crest, and in these the possible low insertion of the pleura into the twelfth rib, and the danger of wounding it, require to be especially kept in mind.

A CASE OF

INTUSSUSCEPTION SUCCESSFULLY TREATED BY INFLATION.

BY DAVID W. FINLAY, M.D., F.R.C.P.,
PHYSICIAN TO THE MIDDLESEX HOSPITAL AND TO THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST.

THE following narrative adds one to the list of cases of intussusception successfully treated by inflation of air. Another under the care of Dr. Cheadle has been recently published,[1] and reference is made in connexion with it to cases previously occurring in the Hospital for Sick Children, Great Ormond-street.

Thomas R——, aged eight, was admitted into the Middlesex Hospital under my care about 1 P.M. on Oct. 4th, 1887, with the following history. At half-past eight the same morning he suddenly complained of pain in the abdomen, almost immediately after which he went to stool, straining much, but did not pass anything. He was able to take a little breakfast, but vomited it. Before noon he had been to stool two or three times, and on the last occasion it was noticed that he had passed blood. On admission he was found to be suffering from tenesmus, and his bowels were frequently moved, a small quantity of blood and mucus being voided on each occasion. He suffered pain only just before the bowels acted, and at the same time he was attacked by vomiting and retching. The abdomen was not distended, but the left side was slightly fuller than the right. On palpation the muscles of the left side were rigid, and there was some dulness on percussion from below the left hypochondrium to the iliac crest. A sausage-shaped swelling could be felt extending from about the level of the umbilicus in an oblique direction from without inwards down to the left iliac fossa. The diagnosis being perfectly clear, it was at once decided to try the effect of inflation, and at 2.30 P.M. chloroform was administered and the operation performed with a small pair of ordinary bellows, the nozzle being covered with an indiarubber tube, which was passed for two or three inches into the rectum. Previously to this the opportunity was taken of making a digital examination of the bowel, in which, however, nothing abnormal was discovered. Under the anæsthetic the tumour in the left iliac region was much more distinctly felt. The abdomen was somewhat, but not greatly, distended by the inflation, and after two or three minutes it was found that the swelling had disappeared. The tube was then withdrawn and the boy left at rest, a mixture containing three minims of tincture of opium and five minims of spirit of chloroform being ordered to be taken every three hours. During the following night he had several attacks of vomiting, and lay with his legs drawn up. As he had passed no urine since admission, it was drawn off by catheter; to the extent of only two ounces, however. It was very acid, sp. gr. 1045, and deposited an abundant sediment of white lithates, being otherwise normal. He had slept for about five hours and a half during the night, and the sickness referred to came on only after drinking. Next day (Oct. 5th) he was found to have no abdominal tenderness or swelling, and since the inflation he had passed no more blood, or indeed anything. He was fed with two teaspoonfuls only of liquid nourishment at a time, but vomited even that. He was accordingly ordered an effervescing mixture, with tincture of opium and hydrocyanic acid, a sinapism to the epigastrium, and half a teaspoonful of meat juice in cold water occasionally. After this there was no more sickness, and he was allowed to return gradually to ordinary diet. A note made on the seventh day after admission (Oct. 10th) was to the effect that he continued to improve; there was no swelling or

[1] THE LANCET, Jan. 26th, 1889, p. 170.

tenderness in the abdomen, which was soft and normally resonant. The tongue was clean and moist, but the bowels had not yet been opened. Two days later he was allowed to get up. On the 17th he passed a few small masses of fæces almost black in colour, and by the end of the month the motions were normal and recovery complete. The temperature was practically normal throughout the whole progress of the case.

The lessons to be learnt from the foregoing case are tolerably obvious and simple, but it is only by systematically recording individual experiences that a sufficient body of material is to be obtained for general use. First in importance, as contributing to the favourable result, must be set down the early period at which the case came under treatment; for although cure has followed inflation in cases of several days' standing, a favourable result in these can hardly be expected. At the same time it may be said that there are few cases in which, whatever the length of time the intussusception has existed, the effect of inflation should not be tried before recourse is had to the serious step of abdominal section. Even where the latter may be reckoned to hold out the fairest promise of success the patient when anæsthetised should be given the chance of benefit from inflation, as this, if carefully carried out, need not increase the ultimate risk of the more serious operation which may follow. Most surgical authorities recommend early laparotomy, so-called; and it is just in the early cases that the necessity for this may be obviated by inflation. Another point is that the administration of some anæsthetic is to be strongly recommended. The advantages which it affords both in clinching the diagnosis and in the satisfactory carrying out of the treatment are so obvious as to require no argument. Finally, the simplicity of the apparatus required is worthy of consideration, a pair of bellows or an injection syringe, such as Higginson's, being all that is needed.

Lower Berkeley-street, W.

THE

ARREST OF GROWTH IN CANCER BY THE INTERRUPTED VOLTAIC CURRENT.[1]

By J. INGLIS PARSONS, M.D.,

ASSISTANT PHYSICIAN TO THE CHELSEA HOSPITAL FOR WOMEN.

THE method of treatment about to be described is based upon the following considerations: First, with regard to the nature of cancer. The earliest pathologists regarded it as a dyscrasia, or altered constitution of the blood; then followed the embryonic cell theory; finally, the microbe was made to bear the burden of further misdeeds. Virchow, with his dogma, "*Omnis cellula e cellulâ*," demolished the first. The second, propounded chiefly by Cohnheim, will not account for all tumours, even if it be admitted as possible that embryonic tissue can remain for a quarter to half a century in the human tissues without partaking in the changes undergone by other cells in the body. Thirdly, all attempts to find the microbe have failed. The hypothesis now brought forward is founded on the fact that all the cells of the body possess a latent capacity which enables them, under various stimuli, to proliferate and form new tissue. Under normal conditions, this capacity remains dormant, or is only exercised to the extent of keeping pre-existing structures in a living condition. But let an injury or irritation to some part of the body occur, and this latent capacity ceases to be dormant, and an active formation of cells takes place, until the injury is repaired or the irritation removed. Now this formation of new tissue is essentially a new growth, although not a tumour. The capacity for forming it is common to all the tissues of the body, and it ceases when the necessity for its continuance has disappeared. This appears to show some controlling influence, probably by the nervous system. Is it not, then, possible that all tumours are in the first instance composed of cells formed in the normal process of repair, but that, having escaped from the control of the nervous system, they take an independent life, and continue to proliferate and develop without check, just as all living cells are capable of doing *ad infinitum* under favourable conditions?

[1] Abstract of a paper read at the Surgical Section of the British Medical Association, August, 1889.

The frequent association of cancer with a depressed condition of the nervous system is explained by this hypothesis. In other words, a tumour consists of cells which have sprung from the pre-existing cells of the body, but have escaped from the control of the system at large. The close connexion between the two is shown by some statistics in a recent paper by Dr. Gross,[2] who found that out of some 907 cases of cancer of the breast there had been antecedent inflammation in 20 per cent., and a history of injury in 13 per cent. Dr. John Williams found microscopical evidence of the gradual transition from healthy tissue into cancer in a case described by him in the Harveian Lectures.[3] At the same time, although devoid of nerves, all tumours have some sort of vascular arrangement, and continue to receive nourishment from the circulation. In this respect they are on an equal footing with the rest of the body. There is one point, however, in which the normal cells of the body essentially differ from tumour cells. Most of the latter show a decided tendency to degenerate, while, in marked contrast to this, the healthy tissues possess wonderful recuperative powers, due probably to the presence of trophic nerves. It therefore seemed to me that if a cure were to be found for cancer it would be based upon this essential difference between healthy tissue and tumours, and that on account of this difference some agent might be found capable of inflicting an irreparable damage to a tumour, and yet stop short of destroying the normal cells of the body, on account of the higher recuperative powers possessed by the latter. And further that, although the normal cells of the body are unable to resist the invasion of the cancer cells, the latter are actually of lower vitality. If such be the case, it may be asked why should the cancer cells devour the healthy? The probability is that the difference in composition and structure between the malignant and healthy cells is not sufficient to stimulate the latter to resistance. Consequently, the proliferation of the cancer cells, resulting from their independent existence, enables them to overcome the healthy cells, since these, for want of sufficient stimulus, remain passive. In a paper read before the British Gynæcological Society in 1888, on "The Action of the Constant Current on Fibroid Tumours of the Uterus," I advanced the hypothesis: "that while the normal tissues of the body have the power of recuperating any effect produced on them by the transport of elements, the cells of tumours being of lower vitality might be checked in their growth, and perhaps in time destroyed."

The following experiments were tried in 1887 to ascertain whether, when a current is passed through a tumour, any decomposition takes place between the poles. Three glasses were connected together with a stout lamp wick. Into each of these a standard solution of iodide of potash was placed. A current was then passed through the solution with an intensity of 200 milliampères until the whole of the iodide of potash in the two outer glasses was decomposed. On testing the centre glass, it was found to contain as much iodide of potash as before, although in the two outer glasses it was all decomposed. The resistance of this apparatus was so great that I was obliged to go to the Electric Apparatus Company and do the experiment in the vaults of the Junior United Service Club, where an unlimited supply of volts could be obtained. A second experiment was then tried with water in the outer glasses and a solution of iodide of potash in the centre. The current was passed as before, but no decomposition took place in the centre glass. A third experiment was tried on the web of the frog's foot, and watched through the microscope. At the positive pole a coagulation took place, with exudation of blood from the capillaries. At the negative pole a collection of hydrogen bubbles could be seen. Between the poles no change could be observed, and the circulation went on as before. Finally, a strong current was passed through a fibroid tumour, soon after removal from the body, for a period of several hours. On making sections of the portion between the poles, no change could be detected. All these experiments demonstrated in a conclusive way that the passage of a constant current does not cause any decomposition between the poles, although there must of necessity be an exchange of atoms between the molecules. Recently I have had an opportunity of examining sections of a fibroid tumour that I had thoroughly treated with a constant current, and which was subsequently removed by Dr. Travers on account of its size. No change

[2] Inter. Jour. of Medical Science, March and April, 1888.
[3] Ibid., 1886; Case 15, p. 51.

could be found between the poles, showing that the conclusions drawn from the previous experiments were correct. Subsequent experience has shown me that repeated applications of the constant current, with an intensity of 200 milliampères, are unable to control the increase of a quickly growing fibro-cystic tumour. But I noticed, in treating cases of fibro-myomata of the uterus by a constant current, that when, as occasionally happens through an imperfection of the circuit, the current was suddenly interrupted, marked signs of disturbance followed, such as rise of temperature, considerable pain, and malaise. Rightly or wrongly, I put this down to some destruction of tissue occurring in the tumour, and, if this conclusion be correct, the means required for the treatment of cancer on the hypothesis advanced have been found. The most probable explanation of this phenomenon is that the impact of a powerful current when suddenly flashed through causes death to those tumour cells which lie in the nearest path between the poles where the lines of force are most concentrated, or else they are sufficiently injured to lead to their gradual atrophy. The latter explanation is more probably the true one, as no rise of temperature or other symptom follows the applications when applied to cancer.

For the treatment of fibroid tumours, anything likely to cause their wholesale destruction is to be deprecated. For this reason interruptions of the constant current have been carefully avoided, and precautions taken to gradually increase it as smoothly as possible. Being surrounded by a capsule, and having but few vessels in their interior, a gangrene *en masse* might follow, with all its attendant consequences. But this argument would not apply to cancer. Those cells especially that most require to be destroyed are scattered through the healthy tissues, and each little islet or bird's nest is surrounded by this tissue, furnished with vessels and lymphatics capable of absorbing it so soon as loss of vitality and degeneration occur. I therefore felt no hesitation in trying the destructive effects of a powerful interrupted voltaic current in the first case of cancer that objected to be operated upon in the usual way. After waiting a year or more the case presented itself. There is one point that, for want of space, I have not entered upon: Is cancer a local or a general disease? So far the accumulation of evidence appears strongly in favour of its being, at any rate, a local disease at first.

The *modus operandi* is as follows: The patient is anæsthetised; the current is then passed through the tumour and all the tissues for some inches round it by means of fine insulated needles, so as not to injure the skin. A battery of seventy cells, with an electro-motive force of 105 volts, is used; the intensity of the current to commence with is ten milliampères, gradually increased to 600 milliampères, and flashed through the growth in every direction from fifty to 100 times, according to circumstances. The pulse and respiration are carefully watched. One out of the four cases treated (a woman aged sixty-three with extensive carcinoma of the left breast, a presystolic bruit, and weak intermittent pulse) was unable to stand more than 250 milliampères, and for this reason: when the current is applied to the left breast electrical stimulation of the heart occurs, and if this organ is healthy an increase in the strength of its contraction appears to take place after its passage; but with the patient who had cardiac disease the improvement only continued up to a certain point, and then the intermittency increased and great irrregularity occurred.

These observations, made last year on the human subject, corroborate exactly those made in the laboratory on mammals by Dr. John McWilliam. He called the condition of the heart fibrillar contraction—that is to say, a widely incoördinated arhythmic contraction of the ventricular muscle, attended by a great and rapid fall of blood pressure. It is only, however, in the immediate neighbourhood of the heart, and when it is diseased, that this takes place. When the current was passed through a secondary growth in the axilla of the same patient, it could be increased to 600 milliampères with perfect safety.

The effects produced by the action of the electricity consist in a cessation of growth, gradual disappearance of pain, some shrinking and hardening of the tumour, and enlarged glands, followed by improved nutrition and a better state of the general health. The growth as a whole does not disappear, but remains as an inert mass, composed in all probability of fibrous tissue alone. Before treating these cases I felt almost sure that this would be the case, because I had found by a number of experiments, detailed in the paper before referred to, and also from treating a large pelvic fibroma by galvano-puncture in 1887, that neither could electricity decompose the fibrous tissue of new growths (whatever it might do with cicatricial tissue), nor could the system cause its absorption after it had been rendered inert. However, it will always be open to patients to have the remains removed with the knife if necessary.

The advantages claimed for this method of treatment are as follows: 1. There is no destruction to the normal tissues of the body, and if recurrence should at any time occur, its progress can be immediately stopped, and the treatment repeated as many times as necessary. Life would by this means be prolonged indefinitely, provided that metastatic deposits had not occurred before the commencement of the treatment. 2. Patients are not obliged to lie up for more than a day or two as a rule. They lose no blood, and are not generally any weaker. 3. The current can be passed through almost any part of the body, and thus arrest growths which could not by any possibility be otherwise treated.

NOTES ON A CASE OF WEIL'S DISEASE.

BY E. H. YOUNG, M.D. DURH., L.R.C.P., D.P.H., &c.

AT 7 A.M. on May 14th I was sent for to see T. H——, aged twenty, who was said to have had a "stroke." On reaching the house at 8.30 his friends gave me the following history. Patient has always enjoyed the best of health, and has had no serious illness. On the 10th he returned from his annual Yeomanry training at Barnstable, being then in the best of health. On Sunday (12th) he took his food with his usual good appetite, and in the evening he walked to chapel, four miles away. When returning home he suddenly became "shivered," had severe headache and an aching pain in the legs, the latter being so severe that he thought he should never reach home, and was obliged to take frequent rests on the way. He went straight to bed, forgetting, however, to remove his stockings. He slept well through the night. The next morning (13th) he got up somewhat later than usual, but no sooner was he downstairs than he sat in a chair and became drowsy and stupid. When aroused, he said that his head ached, that he felt sick and had pains in his legs. He would not take any food. He was at once helped back to bed, three aperient pills were given, and his head bathed with cold water. Throughout the day the drowsiness increased. When spoken to he replied very briefly, and said that headache, nausea, and pains in the legs continued. He refused food of all kinds. Towards evening he became more unconscious, was delirious, and answered questions incoherently. He had passed no urine since 6 P.M. on the previous day.

May 14th.—At 3 A.M. his bowels were opened. Motions rather pale, semi-liquid. His mother thinks a very little urine was passed at this time. At 8.30 A.M, when I first saw patient, his condition was as follows: Lying in bed on his back, eyes closed; took no notice of my entry. He is a tall, well made, muscular young man. Features a little blurred, cheeks rather dusky. His skin has a very slight yellow tinge, so slight that his friends had not noticed it. His mental condition is one of apathy; he replies in monosyllables, often incorrectly. Says he has no headache and does not feel sick, but feels pain in the stomach (region of liver), and his legs feel sore. Nothing abnormal was detected in the chest or abdomen, but there was tenderness on pressure over liver and spleen, especially the former. No alteration in hepatic or splenic dulness. Tongue covered with a thick, moist, yellow fur. Eyes injected; pupils equal, rather dilated, react sluggishly. No paralysis or œdema. Temperature 101·4°. Pulse regular, full, 104 per minute. Respiration 12 per minute. There is marked prostration of strength. I ordered complete abstention from food, hot poultices over the liver, and gave a powder of calomel and compound jalap powder, followed by a sulphate of soda mixture. At 2 P.M. I was again sent for, as the patient was said to be worse. On arriving at 3 P.M. I found that after I left this morning he had complained of severe abdominal pain, which was relieved on his passing a motion. The motion was liquid and of a tarry colour. His general condition remains the same, except that he is perspiring freely and the pulse is more relaxed. Ophthalmoscopic examination

(for which the lids had to be held up) showed the discs were clear and healthy, but the veins rather full. Before leaving, the patient passed about an ounce of urine, which was slightly tinged with bile, clear when passed, but speedily became turbid; highly acid; contained no albumen. Microscopically it showed a large quantity of uric acid crystals, amorphous urates, and some oval colourless plates. No blood or casts.

15th.—11 A.M.: After I saw him yesterday afternoon he remained in much the same condition of stupor, becoming delirious at night. At 4 this morning he seemed to sleep quietly, and on awaking at 8 said he felt better. His aspect this morning is distinctly brighter, but tendency to stupor still marked. He is not so dusky about the cheeks, and the veins of the eyes are less full. His skin has a more distinct jaundiced hue. He still complains of pain over the liver, increased by pressure. Has no other pain, but says his head feels "funny." Appetite bad, declines taking any food. Pulse 72, regular, good strength. Temperature 102·4°. His bowels have been open twice since yesterday. Motions liquid, tarry. Has also passed six ounces of urine of the same character as before.

16th.—3 P.M.: The patient passed a good night, and had no delirium. This afternoon he is much brighter, and talks with his friends. Pupils widely dilated. Bowels open once, motion still tarry. Has passed nearly a pint of urine. He still has slight tenderness over the liver, but no other pain. Says he is not hungry, but very thirsty. Tongue cleaning; jaundice about the same as yesterday. Temperature 100·2°; pulse 48, regular, good.

18th.—3 P.M.: Patient has been going on well since last note. Tongue cleaner. Appetite still bad. Jaundice diminishing. Motions normal. No tenderness over liver. Temperature 98·4°; pulse 44, regular, good. The patient went on well after this. He sat up for an hour on the 19th, but felt very shaky. On the 24th he went out of doors and quickly regained appetite and strength.

Remarks.—I think the above notes on a case of Weil's disease worth publishing, as so few cases have thus far been recorded in this country. The points of interest in the case are: 1. The early onset of severe nervous symptoms, the patient becoming *drowsy* within an hour or two of the initial rigor, and delirious within twenty-four hours. 2. Although no albumen, blood, or casts were detected in the urine, there can be no doubt, from the fact that only one or two ounces of urine were secreted in forty-eight hours, that the kidneys were affected by the disease. 3. The rapid recovery of the patient, which was very probably *not* influenced by the treatment pursued. In all probability the symptoms were due to some toxic (perhaps specific) agent in the blood; but whether introduced by food, water, or air I am unable to say. It is very probable though that the poison was absorbed during his absence from home. I may add, however, that my patient is not aware that any of his camp comrades suffered in a similar way.

Okehampton, Devon.

HYDRONAPHTHOL AS A SPECIFIC IN THE TREATMENT OF TINEA TONSURANS.

BY MORGAN DOCKRELL, M.A., M.D. DUB.

NOTWITHSTANDING the strides made of late years in the treatment of skin affections as the result of the introduction of the medicated "Pflastermulle" and the jelly methods, there is still urgent need for the better treatment of tinea tonsurans. We require some remedy based, not on the over sanguine observation of the introducer, but on a sure pathological footing, which will answer practically in the hands of the many, and not, as at present with the various remedies, in those only of the few. Bearing this in view, I am prompted to bring forward a treatment that in my hands has proved successful, and which, I believe, will be the means of removing the opprobrium attaching to the prolonged attempts to cure the disease, baffling, as it often has hitherto, every medicament, till after years of isolation and other discomfort natural development in the patient has come to the rescue. And if other reason is necessary, it is in the following statement made by Mr. Jonathan Hutchinson,[1] that his present creed as to alopecia areata is that it is usually a sequela of ringworm.

[1] Archives of Surgery, vol. i., No. 2.

In hydronaphthol we have found a remedy the proper use of which will prove a power in combating the ravages of the trichophyton fungus. It is a secondary compound of beta naphthol, and was obtained from it by Justus Wolf of New York by a molecule of hydroxide having displaced an equivalent of hydrogen in the process. It has a slight aromatic taste, is almost odourless, sparingly soluble in water, but easily dissolved in alcohol, ether, chloroform, and glycerine; it is non-poisonous, non-irritant, non-corrosive, according to Mason precipitating albumen and gelatine in their neutral or acidulated solution, on which function is based its antiseptic action, and by it the contents of the protoplasm are caused to congeal, and in a super-saturated solution their destruction is complete; hence its germicidal and prophylactic properties. Fifteen grains in a single dose have been taken internally without bad effect. In the multiplicity of recommended treatments for tinea tonsurans we have no unanimity in many important particulars, which must materially influence the duration of the disease and the propagation of infection. We have in fact as much difference in opinion as to whether epilation should be employed, whether the head ought to be shaved or the hair cut short, as there was in the nomenclature after Willan first described it as "porrigo scutulata," and we do not seem to have got much farther than Willan had in 1810, when he stated that the disease "was hard to cure and very contagious."

Amid the chaos which exists as to what the trichophyton really is, we have a paper by Dr. Leslie Roberts,[2] in which, amongst other valuable matter, he draws attention to the development of organs of fructification, a fact that supports Duclaux's experiments, and finally settles one point strongly urged[3]—namely, that in all the experiments hitherto referred to, what was obtained was at most the germination of conidia, never their fructification. From the character of the fructification, and that the ampullæ may be of the nature of asci, it is possible that some further reason may develop to classify the trichophyton with the ascomycetes. And it is of interest to note that this order includes the fungus which sets up the muscardine disease in silkworms—namely, the botrytis bassiana, and also the cordyceps militaris fungus, which destroys the gastropacha pini.

In summing up his results Dr. Roberts explains the anomaly, the difference of the fungus in the skin, and in the hair and its follicle, by stating that "it is a fungus able to vary its form and activity according to the physical and chemical properties of the soil in which it grows; when this soil is solid, and of a nitrogenous composition, nothing more than a thallus or mycelial trichophyton is developed, incapable of growing in cutaneous tissues. When, however, a thin medium, especially one of a saccharine constitution, is selected, we cultivate the fungus into a fine septate thallus, with special organs of fructification, capable of growing both in human and animal skin. In the epithelium of the skin the fungus only vegetates, but does not develop, propagating itself by swelling, constriction, and finally division of the filaments; but in the hair and its follicle the life of the fungus is perpetuated, probably by a yeast-like division of these spores, formed primitively by the transverse division of the mycelial filaments." This difference in growth doubtless explains better why body ringworm is cured so very rapidly.

Hitherto the failure in the treatment of tinea tonsurans has been due, in the first place, to allowing oxygen too free access to the fungus, acting, in fact, as if we did not know that it is necessary, for a mould fungus to flourish, that it should be abundantly supplied with oxygen, and kept at a temperature below the normal state of the body; secondly, we have not adopted the best means of securing penetration of the remedies employed, and there has been gross neglect in preventing the spread of the disease by using applications which cast a slur on antiseptics; and, lastly, we want a potent germicide which does not set up extensive dermatitis. And in finding such a germicide, it is well to remember the fact, laid down, I think, by Koch, that many micro-organisms have two states of existence—an adult form, where the organism is growing rapidly and is very easily killed, and a spore form, which rests and provides for its future existence, being very difficult to kill. So that when a (1 in 20) preparation of carbolic oil is used with a view of perfectly carbolising the spores, and so preventing contamination of the atmosphere and further sowing on the patient's head, we find

[2] British Journal of Dermatology, No. 11, vol. i.: Observations on the Artificial Cultivation of Ringworm Fungus.

[3] Ziegler's Pathological Anatomy, Part I., p. 318

that the spores of the bacillus anthracis, the admitted standard test of a germicide, after exposure for one hundred and ten days to such a strength of carbolic oil are not in the least affected; we can hardly wonder at the want of success of the many treatments, based, as most of them are, on similar fallacies. Thus it is necessary to have a germicide that will act in no uncertain way, that will destroy the spores of the test bacillus with more rapidity and certainty than any other preparation, without producing deleterious local or constitutional results. Then, and not till then, may we assume the self-satisfied lethargy which has surrounded and enveloped the profession all over the world as to the treatment of ringworm; easing its conscience, as it were, from time to time by sending forth some old remedy in new guise, heedless of which, however, the trichophyton still flourishes.

In a pamphlet recently published Dr. Edgington[4] gives the results of some experiments made to prove the value of carbolic acid, corrosive sublimate, and hydronaphthol as to the respective germicide and antiseptic properties of each. While strongly recommending the reading of the pamphlet, it will only be necessary for my purpose to cull those experiments immediately bearing on hydronaphthol and corrosive sublimate. And the first experiment I would quote is that made to test the relative action of each on the spores of the bacillus anthracis and bacillus subtilis. In each case the strength of the antiseptic solution used was 1 in 1000; and it was found that in the treatment of the spores of the bacillus subtilis the length of exposure necessary to destroy them was in corrosive sublimate thirty minutes, and in hydronaphthol only ten minutes; in the bacillus anthracis a ten-minutes' exposure was necessary for hydronaphthol, while corrosive sublimate required fifteen minutes to destroy the spores. From this we may fairly conclude that hydronaphthol as a germicide is superior to corrosive sublimate, and from being non-poisonous and non-irritant it affords an ideal medicament for tinea tonsurans. As to the best means of getting the remedy constantly applied, the plasters of hydronaphthol, 10 and 20 per cent.,[5] give excellent results, limiting the propagation of the disease and causing the more rapid penetration of the germicide than any other means we can employ. The plasters also help us in starving the fungus, and to perfect this we need to hermetically seal the plaster round in the way I am about to describe. The method of treatment I have found successful is as follows: Have the head completely shaved, leaving the usual fringe all round; then wash with a 5 per cent. soap of hydronaphthol, using water as hot as can be borne. After drying the scalp, apply over the affected area a 10 per cent. plaster of hydronaphthol in narrow strips, letting each strip overlap its fellow, taking care that the plaster extends quite half an inch beyond the margin of the diseased patch. Outside the margin of the plaster paint a layer of a 10 per cent. hydronaphthol jelly (when melted) so as to exclude all air. At the end of four days remove the plaster, when the diseased stumps will be found adhering to it. Repeat all the previous process, applying for one week a 20 per cent. plaster. Repeat the process, this time applying the 10 per cent. plaster for ten days, when on removal the disease will be found to be cured. During the plaster treatment, apply a 5 per cent. ointment to the unaffected portions of the head night and morning. Care should be taken that all articles brought in contact with the head before treatment be destroyed, otherwise reinfection will take place, and the treatment be brought into discredit.

Bruton-street, Berkeley-square, W.

ON INGUINAL COLOTOMY FOR MALIGNANT DISEASE OF THE RECTUM.

BY F. A. PURCELL, M.D., M.CH.

I HEREWITH beg to describe the operation of inguinal colotomy as now performed by me, and record a few cases. The line of incision through the skin in the left side is made in a semilunar crescentic form, taking the anterior superior spine of the ilium as the centre, and about an inch and a half to its inner side, or two fingers' breadth and about three inches long, the convex curve directed outwards and downwards. The fascia and muscles down to the peritoneum from the ends of the curve are divided in a straight line, resembling the string of a bow, all bleeding vessels being secured. The peritoneum is then opened. The descending colon is to be found immediately beneath, recognised by its flat longitudinal bands; it may be overlapped by other intestine, which must be pushed aside. The gut brought out is the lower part of the descending colon and upper end of the sigmoid flexure, as much as gentle traction and coaxing will admit, the transparent iliac mesocolon is examined, and, at a point as far down the gut as possible, is transfixed by a pair of forceps carrying a small-sized piece of solid round rubber ligature. This is tied around the gut in a single knot and clamped with a pair of torsion forceps, another rubber ligature is passed round the gut as high up as possible, and fastened. The gut is thus isolated, and packed around with wet hot pads of antiseptic cotton-wool. These are placed to protect the peritoneal cavity from blood or fæcal matter on cutting the gut. The gut is now cut right across, as also about from half an inch to an inch of the mesocolon near the upper angle of the wound. The operator lays hold of the distal end by the fingers of his left hand, and his assistant holds the proximal end; all fæcal discharge is cleansed, or washed away with a syringe if necessary, and wet wool pads applied. Free bleeding takes place; all points are secured, and tied with fine catgut ligatures. The parts being dry and clean, the distal end is invaginated as far as possible, the end closed by bringing the serous coats together by a fine silk continuous suture with a fine needle. The bowel is then cleansed, the rubber ligature removed, and it is returned into the pelvic cavity. Before dealing with the proximal end, I have found it more convenient to pass all my sutures ready to close up the wound. These for the time remain loose. Three silkworm gut sutures are sufficient to close the parietes below the gut, and one at each end of the gut is made to transfix the parietes, peritoneum, and serous coat of the bowel, the bowel being kept well up in the upper angle of the wound. A suture is passed at each side through one side of the parietes and the serous coat of the bowel. All is now nicely cleansed, and the second rubber ligature unfastened and removed; the sutures are made taut and tied, no fluid whatever is allowed to obtain entrance into the peritoneal cavity, and if it should happen, it must be swabbed out clean. A pad of salicylic wool is placed over the parts and confined by means of a many-tailed flannel bandage; this completes the operation, which proves not tedious or long, and most clean.

I may here remark that the semilunar incision through the skin and the cutting the muscles in a straight line form a valvular kind of flap downwards to somewhat cover the artificial anus, and form an artificial sphincter, which has proved satisfactory. A perfect artificial anus is formed, with no chance of a fæcal fistula taking place. No procidentia of the bowel or mucous membrane has happened in any of my cases; the lower rectum has generally emptied itself soon after the operation, and it is from time to time douched out and cleansed. Very little rise of temperature occurs, and the bowels are made to act about the fourth day by a castor-oil draught. All sutures are removed on the sixth day; some may possibly be found already to have ulcerated through one side. Perfect union is found to have taken place. Any pain may be relieved by passing per anum a morphia suppository when required.

CASE 1.—Martha M——, aged forty-five, a coloured woman, from Earl-street, Edgware-road, was admitted into the Cancer Hospital under my care on Dec. 17th, 1888, suffering from epithelioma of the rectum. There is no history of cancer in her family. She has been a married woman three years; has had no children, and no miscarriages. She was regular until a short time before marriage, but since then the menses have entirely ceased. She states that she has had to do a great deal of sitting for long periods at a time at her business. She has not previously suffered from constipation; she has been suffering about a year and eight months. She first noticed a discharge of blood and slime per rectum, and felt a certain amount of pain; she has been losing flesh, and the discharge from the rectum has continued. On examination, extensive disease was found in the rectum, extending too high for excision; no inguinal glands were felt. She was recommended inguinal colotomy, but would not consent, and left the hospital on Dec. 29th, 1888. She came back on March 1st, 1889, and

[4] The Practical Value of Antiseptic Agents.
[5] Prepared by Seabury and Johnson, 46, Jewin-street.

was readmitted. She complained of severe pain in the rectum and lower abdomen on the left side, also pain down the left thigh. She says she loses much blood per rectum. On March 2nd left inguinal colotomy was performed, exactly as above described. On the evening of March 3rd the rectum emptied itself *per vias naturales*; there was also a motion through the artificial anus. The patient progressed favourably; an occasional morphia draught ($\frac{1}{4}$ gr. and $\frac{1}{2}$ gr.) was administered and morphia suppositories were introduced into the rectum to relieve the pain. She continued to improve and her pains were not so severe. On June 11th she was able to leave the hospital and was made an out-patient. The artificial anus looks quite healthy, and the mucous membrane visible could all be covered by a shilling. She gets about without any difficulty but is not entirely free from pain. She has increased wonderfully in flesh. She relieves the bowels by castor oil or enema. Has sufficient sensation and control over her artificial anus to be able to keep herself comfortable and clean. On Aug. 5th she presented herself, and looks better by far than before the operation.

CASE 2.—Charles C——, aged fifty, warehouseman from Hoxton, admitted to the Cancer Hospital under my care suffering from epithelioma of the rectum. He is a married man and has three children, all of whom are healthy; there is no history of malignant disease in his family. He states that he had syphilis twenty-two years ago. He first noticed pain in both groins and in the lower part of the back, also forcing pain in the rectum eight months ago. He has also been somewhat constipated in habit, and his bowels as a rule have not acted regularly. He has been in the habit of taking aperients. Three months ago after taking a dose of castor-oil he had his bowels well opened, but also passed some blood per rectum. This is the only time that there has been any hæmorrhage. On admission he appeared extremely wasted, and his face was much drawn with constant pain. He complained of pain and sleeplessness. On examination, the rectum was found extensively diseased, the disease extending higher than the finger could reach, consequently excision of the rectum was out of the question. There was no enlarged glands discovered in the groin. Left inguinal colotomy was performed eight days after his admission; the artificial anus was formed as described. Since the operation the patient has not suffered so much pain; there has been no discharge from the rectum. Flatus passed freely through the artificial anus. On the fifth day after operation half an ounce of castor-oil was administered, which acted on the bowels. He is now fairly comfortable, takes food well, has occasional pain, which is not so severe as the pain he suffered previously to the operation. All sutures were removed by the eighth day, when perfect union was found; the anus is perfectly flat; no mucous membrane whatever visible; the opening is in fact hidden by the valvular formation. He made a good recovery. The temperature never rose much above normal.

CASE 3.—Charles H——, aged forty-three, married, a bricklayer from Chislehurst, suffering from cylindroma of the rectum, with fistulous openings down the thigh, was admitted to the Cancer Hospital under my colleague Dr. Snow in the first instance, and came under my care subsequently. He is married, with a family; no history of cancer. He has suffered from a stricture of the rectum for thirteen years. There is no history of specific disease, or of any injury; his general health has been good; he has not suffered from hæmorrhoids, but has always been of a constipated habit. He was an out-patient at St. Mark's Hospital twelve years ago, and was there told he had stricture of the rectum; he was in the habit of having a rectal bougie passed once a month. He has lost blood by the rectum on and off during the last eighteen months or more, has lost flesh, and has been unable to follow his work; the pain has not been very severe at any time. On examination, about two inches from the anus is a tight annular stricture, through which the tip of the finger passes with difficulty. Apparently there is no ulceration about the stricture, but beyond is felt papillomatous induration, especially of the anterior rectal wall. He has a sinus in the perineum, through which fæcal matter sometimes passes. The left inguinal glands are slightly enlarged. There is an offensive discharge from the rectum. Inguinal colotomy was performed in the left groin; the operation was done by the same method as before described. The patient bore the operation well and has progressed favourably since. Bowels were first moved by means of a castor-oil draught on the fifth day. The sutures were all removed on the seventh day. The patient is much more comfortable in his feelings, and now does not dread eating, as he feels he can pass a motion with confidence.

These cases were shown, as also photographs of the openings, at the "clinical evening" of the Medical Society of London, on Monday last, when my colleague, Mr. Jessett, showed other cases. The operation was the outcome of deliberations between us, and I have to thank him for his suggestions, which I was enabled to carry out with the utmost success, and which we have styled "A Novel Method of Inguinal Colotomy."

Manchester-square, W.

RHINOSCOPIA POSTERIOR: A NEW METHOD RECOMMENDED FOR OPERATIONS IN THE NASO-PHARYNX.

BY DR. C. DORN.

THE patient is placed on a couch in a supine position, the head hanging over the edge, being strongly bent backwards on the spine, so that the plane of the face is almost vertical. The soft palate and uvula must be fixed by means of a suitable hook (one which keeps in its place without being held by the patient or surgeon). The patient, if sensible enough, may depress his tongue himself; in other cases a gag and automatic tongue depressor must be employed. The surgeon, armed with a reflector, sits on a low chair opposite the head of the patient, his chest being turned towards the patient's face and parallel to the same. The source of light is the same as in ordinary laryngoscopic examinations, but, of course, placed somewhat lower. A laryngoscopic mirror is now introduced along the tongue (the non-reflecting surface, of course, being kept against the tongue), until near the posterior pharyngeal wall the rhinoscopic image in the mirror is seen. As *point d'appui* for the mirror the upper or lower lip may be used. The rhinoscopic image can be seen with remarkable clearness, especially the roof of the naso-pharynx; the tonsil of Luschka and the posterior wall appear in plastic clearness and beauty. Even the smallest folds do not escape the eye, and comfortably one can examine in this manner all the minutest irregularities of the surface. By means of small movements any part of this space may be illuminated. With the greatest ease one can now sound and probe any part, introduce instruments (of course appropriately curved), practise cauterisation and the application of caustics, at the same time always seeing clearly what is being done.

For diagnostic purposes this method is not necessary, and not even recommended. I only advise it for operative purposes, and claim this as its advantage over the usual one, that its manipulation is extremely easy; the light is reflected downwards instead of upwards, and the operation is not done above the mirror, but below and in front of it. In short, the manipulations now become the same as in the case of endo-laryngeal procedures. But the most important factor is, that the eye of the surgeon can easily control and watch any movement of his instrument. This is my chief claim for this new method, as it makes the conditions for any radical operation much more favourable. A further advantage is that, the head being pendulous, saliva or blood or portions of tissues removed cannot fall into the larynx. So far I should recommend this method only to be employed in the case of adults for the treatment of naso-pharyngeal tumours, or where one wishes to apply caustics strictly locally. The parts being in full view, one can easily grasp a tumour at its base; with the ordinary method this could only be done with difficulty, having used fingers and instruments to grasp the tumour, and at the same time molested the patient considerably, or during narcosis run the risk of blood trickling into the larynx. Blindly to grasp a tumour and then extract it is, *per se*, contradictory and revolting to true surgical principles.

I prefer not to venture an opinion as to the applicability of this method in the case of adenoid growths in children. At some future time I hope to discuss more fully the indications for the use of this method. By means of this preliminary notice I only desire to rouse some interest for this method, which, excepting the somewhat

awkward position of the patient, is certainly preferable to the older method. In this spirit I ask my colleagues to try this method of posterior rhinoscopy.

Berlin.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON SULPHONAL.

F. R. WALTERS, M.D., M.R.C.P.,
PHYSICIAN TO THE NORTH LONDON CONSUMPTION HOSPITAL.

THE following case of insomnia treated with sulphonal may be of interest. The patient was a single lady of seventy-two, who had five months previously suffered from cerebral hæmorrhage. She was the subject of severe lateral curvature, but up to the time of her seizure had enjoyed fairly good health. The attack left paralysis of the right arm and leg, with slight aphasia. During the first three months she improved in health, and the leg became decidedly stronger. Then, in consequence of a fall, there was a fracture of the eighth rib on the right side close to the spine, and the arm became contractured and the hand swollen, painful, and deformed. At the same time, the mental powers (which had never quite returned after the first seizure) began to fail more decidedly. The patient became drowsy during the day, restless at night, and less intelligent. Bromides had been from time to time given before this with or without chloral, and small doses had induced sleep, a mixture containing carbonate of ammonia being taken during the day. The bromide was now pushed, but, causing great drowsiness and depression in the daytime, had to be omitted. Sulphonal was then tried, at first in ten-grain doses, which did not answer, then in fifteen-grain doses, which were uncertain in their action. Twenty grains taken an hour before the ordinary bedtime answered well on several occasions, and appeared to cause less drowsiness in the day than the bromide; but the patient was apt to be very talkative and restless on the following day and night, even if the sulphonal were again taken. On one occasion twenty-five grains were taken, but not continued as the patient began to sink, and died six months after the first attack. She was bedridden the whole time, and suffered frequently from diarrhœa or constipation, which readily yielded to mild remedies. There was no albuminuria, but the urine was usually about sp. gr. 1010 and acid. Towards the end there was urinary incontinence.

Finsbury-circus, E.C.

OPIUM POISONING.

BY H. R. BRAMWELL, M.B., C.M. EDIN.

THE following notes of a case of opium poisoning in an infant are perhaps worth recording. On Nov. 9th I was called in to an infant, aged three months, and found it semi-comatose, with pin-point pupils. The mother had given it a teaspoonful of laudanum about an hour previously, in mistake for the child's medicine, and the characteristic symptoms had come on rapidly. Vomiting had occurred shortly after the dose was taken. I ordered strong coffee to be given immediately, both by mouth and per rectum, and injected subcutaneously two minims and a half of the liquor atropiæ sulph. (B.P.), equal to a fortieth of a grain of sulphate of atropia, and directed that all possible means should be used to keep the child awake all night. I failed to produce emesis after giving ipecacuanha, mustard-and-water, and tickling the throat. By the evening of the next day the infant had quite recovered from the effects of the drug. I may add that for several days previously the mother had been surreptitiously administering small doses of laudanum to keep the infant quiet, and possibly, therefore, the overdose was tolerated better than it would otherwise have been. Doubtless also the major part of the teaspoonful was vomited shortly after being taken.

Stapleford, Notts

ON THE SIGNIFICANCE OF PERFORATIONS THROUGH THE ANTERIOR PILLARS OF THE FAUCES.

BY WALTER FOWLER, M.A., M.B., F.R.C.S.,
PATHOLOGIST TO THE CENTRAL LONDON THROAT AND EAR HOSPITAL.

WHILE examining throats, more especially of those who seek relief from deafness and otorrhœa, one not infrequently observes perforations through the anterior pillars of the fauces. In the majority of cases these perforations are bilateral and symmetrical; less commonly they are bilateral and asymmetrical, occasionally unilateral; and always free from adhesions or contractions. Taken by themselves, it is admitted on all hands they afford no evidence of syphilis (congenital or acquired); they are generally considered as congenital deformities. This view I feel sure is erroneous; for if the margins of the perforations be carefully examined cicatricial tissue can be made out, thus showing them to be due to ulceration. Further, corresponding to the perforation there is always more or less loss of tonsil, and from the anatomical disposition of the parts it is easy to understand how a perforation through an anterior pillar of the fauces may be produced by an abscess or a slough in the corresponding tonsil. In one case that has recently come under my notice the perforations were unusually large, and the tonsils were reduced to mere stumps, from which grew right across the base of the tongue a broad and elevated ridge of tonsillar tissue (compensatory hypertrophy). In this case the information was volunteered of a severe "phlegmonous tonsillitis" (*sic*) during an attack of scarlet fever.

Since my attention has been drawn to the subject I have in all cases obtained a history of scarlet fever or recurrent attacks of quinsy. Hence I look upon these perforations as caused by suppurative or phlegmonous mischief in the tonsils; and considering the circumstances under which they are generally met with, the lesion is most probably a sign of antecedent scarlet fever.

Finsbury-pavement, E.C.

CHRONIC ECZEMA TREATED WITH OLEUM DEELINÆ.

BY THOMAS F. RAVEN, L.R.C.P.

WILLIAM B—— at the age of three began to suffer from eczema; it originated, without doubt, from injudicious feeding. The face was first affected, and subsequently the whole surface of the body. At different times the limbs, back, face, and neck would be most severely attacked. The disease proved intractable for a number of years, during which time he was twice in hospital, under the care of one of the most eminent dermatologists, and although much good was gained at the time, the improvement was not maintained for more than a few weeks.

In February of this year I commenced the use of oleum deelinæ. It was first applied to the left forearm, and in forty-eight hours the result was so good that I had it painted over the whole affected surface—nearly half of the body—night and morning. In six weeks the disease was practically cured, after thirteen years' duration, and although the patient has some occasional reminders of the old enemy, and the skin is still harsh and thickened, yet he is now, after eight months, capable of doing a fair share of daily work as an artisan, while his general health, which had considerably suffered, is proportionately improved.

Broadstairs.

TYNEMOUTH INFIRMARY.—The fourteenth annual meeting of the Victoria Jubilee Infirmary was held on Monday at the Town Hall, North Shields. Mr. R. S. Donkin, M.P., occupied the chair. The annual report, which was very satisfactory, stated that the income for the past year, was £516 5*s.* 11*d.*, being £126 8*s.* 1*d.* in excess of the previous year, and the largest on record. During the year 50 cases had been admitted to the infirmary, and there were 32 out-patients—total, 82; and about 600 sick requisites were gratuitously lent out. The financial statement showed a balance in hand of £524 1*s.* 4*d.*

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

EVELINA HOSPITAL FOR CHILDREN.

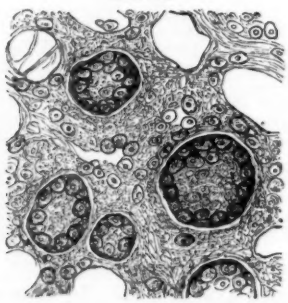
CASES FROM THE SURGICAL OUT-PATIENTS, WITH REMARKS—(*Concluded*).

(Under the care of Mr. FREDERIC S. EVE, Surgeon to out-patients, and Mr. LEONARD A. BIDWELL, Registrar.)

THIS case of localised tuberculosis of the cheek, which was noticed at the time of the birth of the child, is one of considerable importance, and Mr. Eve draws attention to its rarity in his remarks. In a leading article on heredity in tuberculosis[1] we have discussed the question as to the possibility of its occurrence; there was then hardly a well-authenticated case on record of the disease being present in the fœtus or the new-born, and the one or two instances of fœtal tuberculosis recorded were not beyond suspicion of being examples of syphilis with widespread visceral lesions. Since we drew attention to this subject much more information as to the development of tuberculosis in children has been accumulated, chiefly at the Congresses held in Paris, notably by Lannelongue,[2] Hervieux, Landouzy,[3] Queyrat, Fræbelius, Malvoz,[4] and Schwer. Hervieux states out of 996 post-mortem examinations on children under two years of age, only 18 were affected with tubercle, and of these eighteen two were not fifteen days old. Fræbelius of St. Petersburg gives a proportion of 0·4 per cent. in children aged from one to four months. Schwer in a long series found only one undoubted case under nine weeks old. Lannelongue, in 1005 examinations, found but four children under the age of one month with tuberculosis, and remarks, when discussing the question of heredity after a consideration of the evidence: "All these instances appear to us to carry strong support to the doctrine of intra-uterine infection of the fœtus, whatever be the mode of production." This view is opposed to many of the older theories, such as those of Virchow and Koch; we cannot, however, pursue the question further at present.

CASE 6. *Congenital tubercular tumour of face.*—S. B——, a male infant eight weeks old, was brought as an out-patient on Feb. 22nd. On the right side of the face, just

FIG. 3.



below and to the outer side of the angle of the mouth, there was a hard disc-shaped tumour the size of a shilling; it seemed about a quarter of an inch in thickness, and could be easily felt from the mouth, but the mucous membrane was not adherent to it. The skin over it was adherent, and of a yellow-ochre colour, and in the centre was a small scab. The tumour was noticed at birth; a fortnight later there was some bleeding from it, and since then it had increased in size. It was removed by an elliptical incision, without opening the buccal cavity; the wound, being easily closed, healed by first intention. Microscopically the tumour was made up of nodules in which were numerous giant cells surrounded by masses of leucocytes. These were embedded in much fibrous tissue mixed with the ordinary structures of the cheek. The tumour on section was of a yellowish colour. (See Fig. 3.)

Remarks.—This case is interesting from the standpoint of diagnosis and pathology. In general physical characters the tumour might well have been taken for a sarcoma, or even an adenoma of the skin, although its peculiar yellow tint was suggestive of caseation; yet there was no evidence of breaking down, and the tumour was of uniformly firm consistence. The microscopic appearances left no doubt as to its tubercular nature. Further, the fact that it was congenital, a statement insisted on by the parents, is pathologically of great importance. Until recently we believe only one undoubted case of congenital tuberculosis, and that in a calf, had been recorded.[5] Our patient exhibited no other evidence of tuberculosis, but few would be disposed to question the tubercular nature of the nodule on the ground that it was congenital. A mass of evidence, both clinical and experimental, has recently been accumulated, proving incontestably that tuberculosis may be directly transmitted from mother to fœtus. Experiments have demonstrated the existence of the tubercular virus in the lung and in the blood of apparently healthy fœtuses born of tuberculous mothers; and also in the placenta of the mother. Several cases of tuberculosis within the first month of life have been observed, and four cases in the first fifteen to twenty-one days. In two of them the infants died with well-developed tuberculosis at twenty to twenty-one days respectively—a period insufficient for the development of acquired tuberculosis, and rendering any explanation of the origin of the disease otherwise than by hereditary contagium impossible. Lannelongue observed a synovitis of the knee in an infant aged fifteen days, the joint having been swollen at birth; it subsequently developed into typical tuberculous disease.

Tumours of the spermatic cord are almost always connective tissue growths, and the majority of those recorded were of the nature of lipomata or myxo-lipomata. They are difficult to diagnose in the early stage, resemble omental hernia if they extend into the abdomen, and may also simulate hydrocele of the cord. In the cases described below hernia was present on the same side as the tumour.

CASE 7. *Left inguinal hernia with myxoma of the cord.*—Robert H——, eighteen months old, was seen in Jan., 1889. He had a congenital inguinal hernia on the left side. On reducing the hernia a distinct tumour was felt just above the testicle. This was soft and semi-fluctuating in consistence, and on puncturing it with a small trocar a little gelatinous fluid escaped. The tumour was not diminished in size. The child was admitted into hospital and an operation undertaken, with a double purpose of curing the hernia and removing the tumour. Dissection demonstrated that the lower end of the hernial sac terminated in a disc-shaped mass of soft mucous connective tissue, which was unconnected with the testicle. The tumour, with the hernial sac, was dissected out, and the neck closed in the usual way. Complete recovery followed. The tumour on section proved to be a myxoma.

CASE 8. *Left funicular hernia, with (?) myxoma of cord.*—A. B——, a healthy-looking boy aged three, was seen first on March 16th. He then had a small congenital funicular hernia on the left side. He was treated with an ordinary truss, and the hernia did not reappear. On May 10th he was brought again on account of a lump which had formed below the old hernia. This nodule was firm and apparently painless, about the size of a filbert, and was situated at the bottom of the hernial sac between this and the tunica vaginalis. It was attached to the spermatic cord. The mother was advised to leave the child as an in-patient; this she refused, and unfortunately she has not brought up the child again.

Remarks.—Cases 7 and 8 present great similarity, and from the experience gained by the first case we were led to consider the second to be of a like nature. In this region

[1] THE LANCET, vol. i. 1887, p. 1140.
[2] Études Experimentales et Cliniques sur la Tuberculose, Congénitale et Précoce.
[3] La Tuberculose dans la Première Enfance. Premier Fascicule du Congrès pour l'Étude de la Tuberculose, 1889.
[4] Sur l'Hérédité de la Tuberculose. Deuxième Fascicule 1889.
[5] THE LANCET, vol. i. 1886, p. 465.

fatty and myxomatous tissues are occasionally combined; and we could refer to cases of apparent lipomata of the cord, which have been found on microscopic examination to be really myxolipomata. It would appear in such cases that hyperplasia of myxomatous tissue took place, and this subsequently underwent fatty degeneration. This may, in a measure, explain the occurrence of lipomata in a tissue—namely, the spermatic cord—usually devoid of fat.

ANCOATS HOSPITAL, MANCHESTER.

CHOLECYSTOTOMY; HYPOSTATIC PNEUMONIA; DEATH.

(Under the care of Mr. E. STANMORE BISHOP.)

THIS is a case in which the operation for the removal of stones from the gall-bladder was undertaken in a woman of advanced age who had suffered from symptoms of gall-stones for four months, but without jaundice. At the operation, several stones were found and removed, the gall-bladder, which was attached by numerous adhesions to the surrounding parts, was stitched to the parietal peritoneum after it had been emptied of its contents. The patient died four days later from hypostatic pneumonia, the condition of the parts operated on being, however, in a satisfactory state. Death was not directly due to the operation. Cholecystotomy has been performed with varying success by different surgeons during the last few years, chiefly for the relief of conditions depending upon the presence of gall-stones, and when it is considered what the consequences of the formation of such stones may be and the diminishing mortality of the operation, it is not surprising that the number of patients who submit to it at an early date is increasing. Moreover, it is now recognised that jaundice is a serious complication when relief by operation is sought. Greig-Smith[1] says: "Jaundice, therefore, in all cases coming up for operation must be regarded as a contraindication, and especially so if the jaundice be of long continuation"; and again, "cholæmia, not only as weakening and depressing the patient, but also as predisposing to bleeding, is an unfavourable element. In only seven of Mussa and Keen's series of thirty-five cases of cholecystotomy was jaundice present, and five of them died, half of the whole mortality." This condition was the ultimate cause of a fatal termination in a case of "unique biliary fistula," which we published in May of this year.[2] The description of the operation in this case is that of the modern operation of cholecystotomy, interrupted sutures of catgut being used to attach the gall-bladder to the parietes after it had been emptied, instead of the continuous suture of silk as recommended by Greig-Smith.[3] The important thing is to secure adhesion of the apposed peritoneal surfaces so as to prevent escape of fluid into the peritoneum, and recognition of the importance of this has induced many surgeons, from Richter[4] onwards, to recommend division of the operation into two stages, a method frequently adopted in operation on the gastro-intestinal canal. It has sometimes been found impossible to unite directly the gall-bladder to the abdominal wall. In a case presenting this difficulty Mr. Robson[5] has practised omentum-grafting with success; and others have resorted to sponge-packing. Immediate suture of the incision of the gall-bladder and its return into the peritoneal cavity, the external wound being closed, has not been very successful. Depage[6] gives six cases; of these, three died, one had recurrence and two recovered. The alteration of structure produced in the wall of the gall-bladder by inflammation, and the increased difficulty in completing the operation caused by surrounding adhesions, form additional reasons for early operation. We have published several cases of cholecystotomy during the last three years, by Messrs. Page,[7] Tait,[8] Nairne,[9] Torrance,[10] and Knowsley Thornton.[11] For the following notes we are indebted to Mr. Fletcher Boycott, senior house-surgeon.

M. A. S——, aged sixty-four, married, was admitted into the hospital on July 7th. She has had three children, the last seventeen years ago. The first two children were by her first husband, after which she was a widow for fifteen years. Until fourteen years ago her health was very good, but she then had a sharp attack of bronchitis, which recurred every winter, accompanied during the later years by asthma. During the last three years she has suffered constantly from both. She has never had any jaundice. Two years since she first began to complain of pain in her right side, just above the right hip. Nothing was to be seen or felt until the beginning of March, 1889, when she first discovered a lump, which became more and more painful. In May, 1889, she presented herself at the hospital as an out-patient. She complained of cough and dyspnœa, with pain on the right side of the abdomen, shooting downwards towards the groin; sputa nummular, with some pus; breathing short, but she said it was easier than usual. Auscultation showed loud bronchial râles over the whole chest; cardiac sounds normal; bowels usually costive. The abdominal muscles were firmer on the right than on the left side. There was an area of dulness in the right hypochondriac and lumbar regions, extending somewhat into the right iliac region. Behind, in the lumbar spaces, the percussion note was clear; above, below the liver dulness, there was a space of two fingers' breadth, in which the percussion note was doubtful, some of those examining believing it to be slightly resonant, others dull. The outline of the mass was irregularly rounded below, but its contour above could not well be made out. It was not movable from above downwards, or from side to side. There was no fremitus or thrill. The urine was scanty, but free from albumen, sugar, or casts. She had noticed that it was scantier when the pain was most severe. Hypodermic puncture showed entrance of the needle into a cavity, and some colourless fluid was removed which, under the microscope, showed no casts or crystals, but numerous fattily degenerated round cells, about the size of leucocytes. A second puncture, made some days later, entered apparently a perfectly solid mass, and no fluid came through the needle. When withdrawn the needle contained a little blood.

As she was in much pain and very anxious to have something done, an exploratory incision was decided upon, with permission to act as circumstances might direct. Accordingly on July 11th, 1889, assisted by Prof. Hare, Messrs. Boycott and Duckett, Mr. Bishop made a longitudinal incision in Langenbuch's line, and immediately over the tumour. After carefully dividing the abdominal wall down to the peritoneum and arresting all hæmorrhage, the membrane was sufficiently opened to permit of the entrance of two fingers. Immediately a distended and adherent gall-bladder was found filled with gall-stones. The bladder had been evidently dragged downwards and outwards by the old adhesions, which united it to skin, ascending colon, and to the posterior layer of the peritoneum. The union to the skin anteriorly was not sufficient to permit of being utilised as a vent, and the lateral and posterior adhesions absolutely prevented any drawing forward of the gall-bladder so as to make an opening outside the abdominal cavity; so sponges were carefully packed around and a small opening made in its wall. As soon as this was done, the edges of the cut were seized with forceps and drawn forwards, and the opening enlarged sufficiently to permit of the entrance of a pair of Tait's forceps. With this several stones, eleven in number, were removed, weighing in all 378 grains, the first, or those lodged nearest the fundus being small and irregularly triangular, the last two, which were polygonal and weighed respectively 124 grains and 111 grains, being lodged high up and encroaching on the cystic duct, the duct beyond allowed the passage of a probe, and seemed quite free. The edges of the cystic opening were now stitched firmly with catgut to the opening in the peritoneum, so that that membrane became opposed to the gall-bladder for about one-sixth of an inch all round, during which process the sponges were removed seriatim, and showed no stain of blood or bile. The skin wound was next united with horsehair sutures, except directly over the opening into the gall-bladder, where each skin edge was sewn down to the gall-bladder edge of the same side. The whole was dressed with boric acid and dry Gamgee tissue. The patient was not much exhausted, and was returned to bed in an isolation ward.

2 P.M. (half an hour afterwards): Temperature 96·8°; pulse 97. Cough very troublesome. 3.30 P.M.: Pulse 104. Dressings stained with bile; partially redressed. Cough still frequent. Cough mixture ordered. 4.10 P.M.: Enema

[1] Abdominal Operations, third edition.
[2] Unique case of Biliary Fistula. Copeman, THE LANCET, vol. i. 1889, pp. 1026, 1075.
[3] Op. cit. [4] 1798 A.D.
[5] THE LANCET, vol. ii. 1889, p. 905. [6] Ibid., vol. i. 1889.
[7] Ibid., vol. i. 1887, Mirror of Hospital Practice; vol. ii. 1889, p. 212.
[8] Ibid., vol. i. 1888, p. 716; vol. i. 1889, p. 1290.
[9] Ibid., vol. i. 1888, p. 616. [10] Ibid., vol. ii., p. 1123.
[11] Ibid., vol. i. 1887, p. 1068.

of half an ounce of brandy and one ounce of beef-tea given. 4.30 P.M.: Sick the first time after operation. 5.15 P.M.: Pulse 110. Three ounces of urine drawn off. 6.15 P.M.: Has slept nearly one hour. Enema repeated. Temperature 98·8°. 8.15 P.M.: Has slept half an hour. Sick. 8.30 P.M.: Dressing again stained with bile; dusted over with boracic acid, and covered by more Gamgee tissue. Complains of pain in the back, and slightly at the wound. 9 P.M.: Has slept twenty minutes. 9.30 P.M.: Dressed. Glass tube attached to drainage-tube, and connected with another passing into a bottle beneath the bed. Very sick during last quarter of an hour. Cough troublesome. 10 P.M.: Temperature 98·4°. A fourth of a grain of morphia given, in the form of a suppository, to relieve pain. 10.35 P.M.: Vomited again. 10.50 P.M.: Nutrient enema repeated. The patient was fed at first entirely per rectum, with enemata consisting of one ounce of beef-tea and half an ounce of brandy every four hours, with the exception of some brandy by the mouth after July 12th. This on the evening of the 14th was changed for champagne, of which she took pretty freely, until near her death. Besides, she was given food in a concentrated form every two hours alternately after mid-day, July 13th. Sickness was constant after its commencement. Nothing appeared to do more than relieve it. Ice, hot water, and mustard to the epigastrium; brandy and soda, and champagne, had little or no effect, and it continued with more or less intensity until death. Considerable bronchial irritation was also present. Sleep was obtained for periods of from ten to twenty minutes; in the twenty-four hours on an average about four hours. From the time of operation until death a fairly continuous flow of bile escaped from the opening in the gall-bladder. The dressings were soon soaked through, so a drainage-tube was placed in the bladder, with its free extremity pointing upwards, and the other attached to a glass (V) from the opposite limb of which a rubber tube passed into a bottle attached to the side of the bed. This for the first few hours drained well; but as the fluid ceased to pass, owing, it seems probable, to its glutinous character, this had to be removed and small pieces of sponge were kept constantly replaced over the wound. In the first twelve hours nine drachms of bile were received by the bottle. At 9.15 A.M., on the 14th, she began to experience some difficulty in swallowing, which gradually increased. The nutrient enemata were returned first at 10 A.M. on the 13th. Twenty minims of tincture of opium were added to the next enema, but after this time the bowel became more and more irritable, and the injections were generally rejected within a few minutes. At 3.45 P.M. on the 14th the patient showed signs of collapse, and pulmonic hypostatic congestion was evidently present. Champagne and other diffusible stimulants were given freely, but there was no reaction, although death did not occur until 1.40 P.M. on the 15th.

Post-mortem examination (limited to the abdomen).—The skin wound was united, but separable with very slight force. The deeper tissues were also lightly glued together with lymph. The peritoneum was united, but not firmly. There was no pus anywhere about the wound. At the line of union of the gall-bladder to the peritoneum and skin the process of healing was not very advanced. The sutures were all secure, however, and there had been no escape of bile into the peritoneal cavity. The gall-bladder was much contracted, and would now hold about one drachm and a half of fluid. The mucous membrane was perfectly healthy. The gall-duct was pervious, normal in size and calibre, and healthy in appearance. There was no trace of peritonitis. As permission was not given for opening the thorax, the cause of death could not be demonstrated; but judging from symptoms during life, there could be no doubt that it was due to hypostatic pneumonia.

THE WEST SUSSEX (CHICHESTER) INFIRMARY.—The sixty-third annual report, just circulated, sets forth that the average daily number of patients in the house was about the same as last year—viz., forty-three. The expenditure for the year had increased by £224 3*s.* 9*d.*, but, notwithstanding, the debit balance had been reduced from £421 19*s.* 9*d.* to £26 11*s.* 5*d.*, due to more legacies than usual being received during the year. The income from other sources amounted to £2079 4*s.* 9*d.* only, while the disbursements were £3057 16*s.* 5*d.*

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Cholecystenterostomy.

AN ordinary meeting of this Society was held on Nov. 26th, the President, Sir Edward Sieveking, being in the chair.

Mr. MAYO ROBSON of Leeds read a paper on a case of Cholecystenterostomy. The patient, a married woman, had had abdominal section performed in April, 1887, for pelvic distress, on account of which she had been a confirmed invalid for several years. After the operation, in which a right pyo-salpinx was removed, she had been able to resume her work and had enjoyed excellent health. On Jan. 9th, 1888, she was readmitted to the infirmary, suffering from acute peritonitis, with a tumour in the region of the gall-bladder. On Jan. 14th laparotomy was performed through the upper part of the right linea semilunaris, and eight ounces of fœtid pus removed from the gall-bladder. Exploration of the ducts by finger and probe failed to discover any gall-stones. The gall-bladder was stitched to the abdominal wound and drained, and the patient made a good recovery, with the exception of having a biliary fistula. Although she retained good health during the fifteen months when the fistula was open and discharging the whole of the bile, her condition was a very miserable one, since no apparatus could be satisfactorily made to catch the overflowing fluid when she was walking about, and her dressings and clothes soon became saturated. On March 2nd, 1889, cholecystenterostomy was performed by reopening the abdomen through the old cicatrix in the right linea similunaris. The viscera in the neighbourhood were found to be so matted together that it seemed to be impossible to fix the gall-bladder to the duodenum, and as the hepatic flexure of the colon was conveniently near, the gall-bladder was fixed to it by a double row of chromicised catgut sutures, a free communication being made between the two viscera, and the outer opening (the old fistula) of the gall-bladder was stitched up. In order to guard against accident a glass drainage-tube was placed in the right kidney pouch, and brought out of the lower end of the wound. The outer surface of the gall-bladder evidently gave way to some extent, for bile appeared through the drainage-tube within a few days of the operation, followed shortly by a fæcal discharge. The wound granulated, and after a few weeks completely healed, the motions towards the end becoming more and more bile-stained, until they became quite normal. The author believed the operation was first proposed by Nussbaum, who suggested its use in cases of irremediable obstruction in the common duct. He believed that the operation has only been done once successfully before the present case, and that by Kappeler on a woman aged fifty-one. He thought that it had never been previously performed for the cure of a biliary fistula. Since writing his paper the author had had a communication from M. Terrier of Paris, saying that he had performed the operation successfully in a case of irremediable obstruction of the duct, and another case had also been reported from America.

Dr. G. HARLEY desired to discuss the case from a medical point of view. It might suggest itself to some that it would not matter where the biliary fistula was made into the bowel, but that was a gross error. Though the fæces had assumed their biliary tint, that did not prove that the bile had performed its proper functions. The bile rendered the food fit for absorption and assimilation, but this could not occur if the fluid did not enter the intestine above the ilio-cæcal valve. He had found that dogs in which he had made a biliary fistula lost flesh, though they were able to make this up if they were given extra food. The priority in performance of this operation belonged to Weinwater, who did it in 1882, and a *résumé* of this and other experiments was to be found in the *British Medical Journal* for Feb. 1887.

Mr. KNOWSLEY THORNTON was the more ready to congratulate Mr. Robson on the success of his case as he had always been an opponent of the operation. The case related was certainly an exceptional one, and he thought it would be wiser to wait a longer period before judging fully of its value; perhaps the opening between the gall-bladder and the intestine might close up. It had been proposed to

substitute cholecystenterostomy for cholecystotomy and cholecystectomy, but the two latter operations had given, so far, brilliant results, and he thought nothing better could be wanted so long as there was a patent common duct. In such a case as that related might it not have been possible to have opened and dilated the cystic duct? The question of treatment of a single diseased appendage had been raised; he held that only one should be removed, and not both; the patient then made a far better recovery and became a healthy woman in every sense of the term, capable even of bearing children. The question of operation during acute peritonitis he had recently discussed when consulting with Dr. Keith over a case of ruptured tubal gestation, and they both agreed that in that instance it would be better to avoid operation in the acute stage if possible; for the patients, if they did not die, recovered with extreme difficulty; it was better to operate in the subacute or chronic stage. As regarded the relative value of cholecystotomy and cholecystectomy, he confessed that the impression was gaining ground with him, that cholecystectomy was the better operation. He agreed that any soft elastic ligature round the colon was better than complicated and elaborate clamps.

Dr. F. LITTLE asked if cases such as these could not be relieved by manipulation.

Mr. BARKER inquired as to the manner in which the elastic ligature was applied, and if there was any bleeding when the clamp was removed.

Mr. GODLEE thought it would be better to maintain the opening externally till the communication with the gut was firmly established. He had had two cases, one of hepatic abscess and one of hydatid, in which there was profuse discharge of bile accompanied by great emaciation.

Dr. BARNES referred to a case of an American physician from whose gall-bladder Mr. Lawson Tait removed a large mass of stones, with a successful result. He thought the surgeon was rapidly taking these cases from the hands of the physician.

Mr. ROBSON, in reply, said that he tried to dilate the cystic duct; he passed a solid bougie, and used as much force as he dared, without result. He would certainly not do the operation in preference to cholecystotomy. Kappeler had proposed cholecystenterostomy for cases of bile-stone lodged in the common duct, but these should be either dislodged or crushed. He felt that, in cases of single disease, we ought not to remove the healthy uterine appendages, though in his own experience he had met with two cases in which recurrence in the remaining organs took place, so that they had to be removed by a second operation. Acute peritonitis was nearly always a secondary disease, and he thought it much more serious to leave the patient than to operate at once. All cases of peritonitis should be looked on with a surgical eye. The elastic ligature was simply a piece of drainage-tube passed round the coil of bowel which was drawn out; the tube was held tightly round by being pinched with pressure-forceps. There was no bleeding when it was removed. Massage, as proposed by Dr. Little, would be an eminently dangerous procedure when applied to a distended gall-bladder. He preferred to close the opening in the gall-bladder at once rather than perform later a second operation. He felt sure that it could not have been the amount of bile lost that made Mr. Godlee's patients emaciate. His observations led him to conclude that bile was simply an excretion.

CLINICAL SOCIETY OF LONDON.

Pyloric Gastric Ulcer.—Rheumatic Periostitis.—Ptomaine Poisoning.—Tumour of Supra-orbital Nerve.

AN ordinary meeting of the Clinical Society was held on Nov. 22nd, Mr. Warrington Haward, Vice-President, being in the chair.

Dr. SIDNEY MARTIN related a case of Pyloric Gastric Ulcer with systolic epigastric thrill, causing death by hæmatemesis. The patient, aged forty-two, a tall, well-built man, had suffered for eleven months from gastric symptoms, pain after food, constipation, great wasting, and occasional vomiting. On admission into Victoria Park Hospital he had the same symptoms. There was epigastric pulsation over a large area, with a very fine systolic thrill over an area just below the ensiform cartilage. This thrill was constantly present. There was some fulness in the epigastrium, but no expansile pulsation; the stomach was dilated. After two attacks of hæmatemesis, one of fourteen ounces eleven days before death, and the other of eighteen ounces eight days before death, the patient became collapsed and died. Besides slight chronic aortic and mitral valvular disease, and some fibroid degeneration of the kidney, the necropsy revealed a pyloric gastric and duodenal ulcer, causing puckering of the pylorus and obstruction of the outlet. The stomach was full of liquid. The epigastric pulsation and the epigastric systolic thrill Dr. Martin explained by the aorta pulsating against the stomach full of liquid, which found a difficult exit through the pylorus. The thrill was compared as to character to the hydrated thrill or fremitus, the pulsations of the aorta in the case under consideration rendering the thrill systolic.—Dr. HADDEN recently made a post-mortem examination on a man between twenty and thirty years of age, who had a large ulcer of the stomach. The parts about the pylorus were much cicatrised, and there were hypertrophy and dilatation of the gastric walls, but he knew nothing of the clinical history of the case. His opinion was that gastric ulcer very rarely extended to the duodenum.—Mr. WARRINGTON HAWARD asked what was the relation between gastric ulcer and pulsation. Cases often came under the care of surgeons with marked pulsation of the abdominal aorta. He related one case in which there was a curious set of gastric symptoms. There was gradually progressive emaciation, accompanied by vomiting, epigastric pain, dry mouth, myosis, and melancholy. The patient did not vomit blood, and there was no sign of ulcer except pain, which was increased on pressure; being dissatisfied with the treatment, he went home and got quite well. He had seen two other cases of well-marked abdominal pulsation, and Dr. Sidney Phillips had published a series of them. He had heard of no really satisfactory explanation of the cause of the pulsation; in his cases it was certainly not transmitted through fluid.—Dr. SIDNEY PHILLIPS said that these cases had long been recognised; they had been described, indeed, by Albus in the last century. The latter writer related several cases of abdominal pulsation associated with the vomiting of blood. He himself had collected a great number of cases, but Albus's description of their main features left nothing to be desired. A necropsy in many cases had shown a healthy stomach. Laennec had pointed out that the cause in some instances was a contraction and matting together of the intestines around the aorta, so as to form a sort of tumour. The bruit often developed suddenly. It was certainly curious that there could be so much pulsation, accompanied by a bruit, a thrill, and severe hæmatemesis and yet that there should be no ulcer of the stomach.—Dr. BENHAM asked if there were marked contraction of the pylorus, and whether the malignant nature of the growth had been proved microscopically.—Dr. FRANCIS TAYLOR had seen more than one case in which there was violent pulsation of the aorta associated with acute symptoms, both after a time entirely subsiding.—Dr. MACLAGAN had found this class of case chiefly in persons of neurotic habit. He did not think that a distended stomach alone would explain the thrill, for he had examined many full stomachs which did not show it.—Dr. MARTIN, in reply, thought the mechanical explanation of the thrill the better one. He did not see the necessity of appealing for explanation to the vaso-motor or central nervous system.

Dr. COUTTS and Dr. A. E. GARROD described three cases in which Periosteal Nodes were developed in the course of attacks of Articular Rheumatism. The first case was that of a boy aged eleven, who suffered from arthritis, had a mitral regurgitant murmur, and developed successive crops of subcutaneous nodules. He also developed a diffused swelling upon the subcutaneous surface of the right ulna, oblong in shape, with the long diameter in the long axis of the limb. The skin covering the swelling was natural. The swelling measured about one inch by half an inch. The boy was discharged with the swelling still present, some two months after its first appearance. The second patient was a girl aged eleven, who developed a similar swelling in the same situation in association with arthritis, chorea, subcutaneous nodules, and a mitral murmur. The third patient was a young man aged twenty-four, who developed a swelling of the same character in the same situation, in the course of an attack of subacute articular rheumatism with arthritis, a nodule upon the right olecranon process, and a mitral systolic murmur. In each of the last two cases the node upon the

subcutaneous surface of the ulna disappeared in about three weeks, leaving only perceptible thickenings in the situations in which they had been. In none of the cases was there any history of syphilis, congenital or acquired, nor was there any evidence of that disease. Erythema nodosum could be excluded in all of them, the skin covering the nodes being natural. There was little pain, amounting merely to tenderness at first. The literature of rheumatic periostitis was briefly referred to, and the authors stated that they had been unable to find any records of the development of such nodes in the course of unequivocal attacks of rheumatism, although rheumatism was usually mentioned among the causes of periostitis, which was supposed to depend not infrequently upon the rheumatic diathesis. Attention was called to the similar position of the nodes in all three cases, and to the presence in all of subcutaneous nodules and signs of cardiac disease.—Dr. MACLAGAN said that rheumatic inflammation of the periosteum appeared to be extremely rare. He thought it very rare to see rheumatic inflammation in structures which were not the seat of strain. If inflammation developed in the periosteum, it was chiefly where ligaments and tendons were inserted.—Dr. A. MONEY related the case of a woman who had mitral disease, and on whose left shin a patch was developed like those described by the authors. It came and went in a fortnight, and thus resembled a rheumatic manifestation. He did not think there was any traumatism in the case. The cases that he described in August last were more of the nature of exostosis.—Dr. BARLOW had observed a case which corresponded with one of those described. A node developed on the ulna, which lasted for three weeks, and then was slowly absorbed. A fortnight ago he saw another child, who came to the Children's Hospital with a distinct thickening on the tibia. It lasted for ten days, and then passed away. He was inclined to think that these lesions began in the fascia above the periosteum, rather than in the latter tissue itself. Some years ago he examined the scalp of a child who died of rheumatism; there were subcutaneous nodules of all sizes beneath the skin, and where the scalp was bound down tightly the pressure of the nodules had caused an excavation in the bone.—Mr. BUTLIN had seen a localised tibial periostitis on more than one occasion at a point over the tibia where there was no deep fascia, and he certainly thought that the lesion was in the periosteum itself.—Dr. RANKING had seen rheumatic periosteal nodes on the head in cases where syphilis could be excluded.—Mr. WARRINGTON HAWARD had seen many cases of periostitis in rheumatic people, but had not watched them develop during an attack of acute rheumatism.—Dr. GARROD said that the point of the paper was to draw attention to the rare association of periostitis with undoubted rheumatic manifestations. There was not much strain on the fibrous structures over the skull, where the nodules frequently occurred.

Dr. S. WATSON brought forward the case of a patient, a strong, florid man, aged fifty-six, who developed severe symptoms of Ptomaine Poisoning the day following the ingestion of a meal comprising mackerel and salt beef. He had headache, giddiness, anorexia, and staggering gait, and was markedly somnolent. When seen on the second day after the meal, his face was flushed, and the pupils notably, but not extremely, dilated and fixed; no ptosis or squint; tongue dry; pulse 116; temperature 97·6° F.; no sickness. He was ordered a dose of calomel and a placebo. The following day he became acutely delirious, and the breathing became stertorous. Tongue and mouth very dry, but no rash on the skin. The bowels were not moved, and no urine was passed. On the fourth day he was given another dose of calomel, and later on two drops of croton oil and a hypodermic injection of pilocarpine, without effect. Some hours later he passed a small quantity of urine, not containing sugar or albumen. Late on the fourth day the bowels were moved, but he was still unconscious. The motion was very offensive, frothy, and of a green colour. He slowly recovered, and was convalescent by the seventh day. On the sixth day an attack of gout declared itself in the left foot, and lasted a month. The symptoms were those of poisoning by atropine.—Dr. MARTIN objected to call those cases poisoning by ptomaines in which the poison had not been isolated. All those ptomaines which had been isolated had an action directly opposite to atropine, and no ptomaine was known which acted like that drug.—Mr. ADDINSELL gave details of another case of poisoning due to the eating of fresh mackerel. A man, after he had eaten the anterior part of a mackerel for breakfast had great pain in the epigastrium, followed by diarrhœa. He was constipated, vomited, and had contracted pupils, a dry skin, and much feverishness. A rectal abscess formed, which ran a severe course, being attended by delirium and retention of urine. The patient recovered slowly in five months; but later he developed general paralysis of the insane. Another case, of sardine poisoning, produced similar symptoms.—Dr. MACLAGAN objected to the title of the paper. The patient was gouty and a gross feeder, and the symptoms clearly resembled uræmia, being relieved by calomel and a free purge.

Mr. BLAND SUTTON related the details of a case in which a woman was supposed to be suffering from neuralgia due to bad teeth. Subsequently a slight displacement of the eyeball was detected, and a critical examination of the patient led to the diagnosis of a tumour entangling the infra-orbital nerve; the skin supplied by the palpebral, nasal, and labial branches of this nerve was anæsthetic. She suffered agonising pain. On May 15th the anterior wall of the maxilla was removed, and the antrum found occupied by a tumour. The whole of the maxilla was then removed, and Meckel's ganglion exposed and destroyed by the cautery. An admirable recovery resulted. On subsequent dissection the tumour was found to be a myxoma springing from the infra-orbital nerve, and invading the orbit and antrum.—Mr. WARRINGTON HAWARD said the case showed the advantage of searching for the cause of neuralgic pain.—Dr. WILBERFORCE SMITH asked if the teeth which had been extracted had been put back?—Mr. BUTLIN suggested that the growth should be referred to a committee.—Mr. SUTTON concurred in this, and said that the teeth had been removed to give relief to pain; but as the jaw was likewise ablated, they could not be replaced.

MEDICAL SOCIETY OF LONDON.

Myxœdema in a Male.—Ataxic Bladder treated by Semi-suspension.—Congenital Pemphigus.—Tuberculosis of Palate.—Congenital Deformity of Extremities.—Feigned Skin Eruption.—Functional Paraplegia.—Disseminated Sclerosis.—Pulmonary Stenosis.—Inguinal Colotomy.—Laryngeal Paralysis.

A "CLINICAL EVENING" of this Society took place on Nov. 25th, the President, Dr. Theodore Williams, being in the chair.

Dr. SAVILL exhibited a case of Myxœdema in a Male. The patient, aged forty-five, was admitted into the Paddington Infirmary under his care on Nov. 1st, 1888. His symptoms commenced about eight years before with weakness, puffiness of the skin, first in the forehead and eyes, then in the feet, and a tendency to feel the cold very much. The family history showed great longevity in his ancestors, and there was nothing of importance in the previous history except that he used to drink beer and spirits heavily. His condition when admitted was very typical of the disease. The following note was made. He was a finely formed man, with a chest measurement of 40 in.; the face looked swollen, especially round the eyes, nose, and cheeks, and the lips were thickened; the skin was very dry and somewhat wrinkled; the hair on the scalp and face was scanty, wiry, and brittle. The expression of his countenance was dull and placid, and there was a pink flush on the nose and on each cheek. The skin of the extremities was very dry and scurfy, while the hands were flat and "spade-like." In both supra-clavicular regions there was a distinct fulness. The thyroid could not be felt. During the period of four months and a half that he was under observation the following points were noted:—His temperature was subnormal (average between 97° and 98°), and he seemed to feel the cold very much; he complained of sensations "like water trickling down his back," and was never happy unless in bed or near the fire. There was no impairment of sensation, but the superficial and deep reflexes were both much diminished. There was general loss of muscular power and very decided slowness of movement. With regard to his intellectual processes, the characteristic slowness of speech was most marked, but his intelligence was fair, and he had no delusions or abnormal persistence of thought. Memory

was impaired, and he was often irritable, resenting any interference. His eyesight was very good, but he suffered from lacrymation, and the pupils reacted sluggishly to light and accommodation; his hearing had been impaired for twelve years. Other special senses were normal. The urine never contained any albumen. The amount of urea excreted during twenty-four hours was estimated on two occasions and found to be 373 gr. and 260 gr. respectively; the average specific gravity was 1012. His other organs were perfectly normal. The patient remained in the infirmary till March 23rd, 1889. No special treatment beyond the administration of tonics and the regulation of the digestive system was carried out, and his condition was not materially altered when he was discharged.

Mr. HURRY FENWICK showed a case of Atony of the Bladder of Spinal Origin, treated by Semi-suspension; that is, the patient had been suspended by the arms instead of the head. The patient was first seen in October, 1888; he was then suffering from marked muscular incoördination, staggering gait, incontinence of urine at night, and a complete loss of sexual power. The patient's age was thirty-two; he had had syphilis ten years previously; he was married and had had three healthy children. The bladder was found distended well above the pubes, and the residual urine, which on one occasion measured more than eighteen ounces, was withdrawn week by week in increasing quantities. The patient was taught self-catherisation in January, 1889, and in February, 1889, he commenced semi-suspension. He improved greatly, and in a few weeks had regained complete control over his bladder, his sexual power and desire had returned, his gait had become almost normal, he suffered no pain, but had increased in weight and health. Whether this good result was due to the mechanical treatment, or to the well-known spontaneous arrest and repair of spinal cord disease was of course uncertain; but a continuous chart recording the amount of residual urine night and morning for three months was shown, so as to mark the effect of semi-suspension. The case was brought forward to introduce the question of the value of this modified Motchütkowsky-Charcot treatment. Mr. Fenwick had watched the movements of pins thrust into the cord exposed through a window cut in the spinal column of a suspended cadaver. No difference in the gross movements were observable whether the body was suspended by the head or the arms, but there were many fallacies in the experiment, notably that depending on the escape of the spinal fluid.—Mr. REGINALD HARRISON mentioned a case of atony of the bladder in which Charcot had advised a trial of treatment by complete suspension. The patient was suspended fourteen times in two months, from sixty to ninety seconds at a time, with the result that the bladder symptoms entirely subsided.—Mr. DAVSON asked as to how long and in what manner the patient was suspended.—Mr. FENWICK replied that the man caught hold of the top of the door and suspended himself for a minute morning and evening.

Dr. BEEVOR showed a case of Congenital Pemphigus in a girl aged twenty-five; when two weeks old she was taken to Great Ormond-street for a blister; after this she had an eruption, from which she had suffered ever since. She had been under treatment at various hospitals, and lately under Dr. Colcott Fox, who reported considerable improvement.—Dr. COLCOTT FOX referred to the difficulty in diagnosing these cases in infancy. Bullous syphilide was usually limited to the palms and soles, but ordinary pemphigus was more extensive.—Dr. R. CROCKER said that bullous syphilide, especially when not purulent, developed in other parts than the palms and soles. In cases of pemphigus the slightest local irritation would often cause a bulla.

Mr. BATTLE showed a case of Tubercular Ulceration of the Palate in a married woman aged thirty-four. There was no family history of phthisis. She had had seven children, the youngest being eleven months old. She said that she caught cold when the third child was born, and was ill for a long time with asthma and bronchitis. She had suffered from symptoms of phthisis since. She suffered from sore throat and mouth eighteen months ago, and she had yellow pimples on the tongue a month or so later. She had them burnt several times, and used gargles, but it got steadily worse. Four months ago she had caseous matter let out of an enlarged gland in front of the right sterno-mastoid. She was losing flesh. On the hard palate, situated in the middle line, commencing about an inch behind the teeth and extending backwards for two inches, was an irregularly raised patch of nodulated character, measuring at the widest part about an inch; the majority of the nodules were ulcerated, some deeply, and some of them were yellowish in parts. It was tender, and the patient complained of pain in it, especially on swallowing, but it was soft to the touch. Her breath was offensive. The right tonsil and uvula were a good deal swollen. Much of the epiglottis had disappeared, the remainder looking like a stump, in which could be seen whitish nodules. There was a good deal of thickening about the cords, which appeared white. The scrapings from the surface of some of the ulcers showed the presence of scattered tubercle bacilli. There were marked physical signs of phthisis at both apices, and a tubercular gland in front of the right sterno-mastoid. She was pregnant (about six months). There was a slight discharge from both nostrils, making it probable that the disease had extended through into the nose. He scraped the disease away from the palate as much as possible with a sharp spoon, and then applied a strong solution of chloride of zinc to the part. Before the scraping, a bullet-probe passed easily through the hard palate into the nose on either side of the septum, and the sharp spoon readily passed through when the disease had been scraped away. The hæmorrhage was free at first, but soon stopped. He had been unable to find records of many cases of tubercular disease of the palate. Sir J. R. Bennett gave a clinical lecture on a probable case in 1862, that of a girl with ulceration of the palate. Mr. Fairlie Clarke described a case of tubercular lupus of the tongue, palate, and gums, in the twenty-seventh volume of the Transactions of the Pathological Society: a youth aged eighteen, without history of phthisis, syphilis, or cancer in the family. The soft palate had completely perished, there was a deep ulcer on the left side of the tongue, and the epiglottis was thickened but not ulcerated. He died from exhaustion, without physical signs of phthisis. There was no evidence of tubercle elsewhere at the post-mortem examination. He quoted Mr. Clutton's well-known case in the Transactions of the Clinical Society for 1886. A girl of fifteen years of age had extensive ulceration of two years' duration, destroying the soft and hard palates. She was deaf, and had scattered scaly pimples on the cheeks. No bacilli of tubercle were found. In the discussion on this case, Mr. Bryant mentioned two instances of the spread of lupus from the face to the palate, one of which died from phthisis. Dr. Glover at the same meeting related the case of a young man with painful ulcerations of the soft palate, who died afterwards from phthisis.—The PRESIDENT had seen many cases which were accompanied by advanced phthisical lesions. When the larynx was affected but little benefit seemed to follow the application of lactic acid.—Dr. SEMON looked upon the disease as comparatively rare both here and abroad. The characteristic point about the lesions was usually their pallor. It was necessary to scrape before applying the lactic acid.—Dr. CAMPBELL thought there was a difference between lupus and tubercle, for there was marked pain on deglutition in cases of tuberculosis, but not so in lupus.—Mr. CLUTTON had shown at the Clinical Society two cases, one of ulceration of the palate followed by lupus of the face, the other lupus of the nose followed by tubercular ulceration of the palate. In both cases the palate disease preceded pulmonary affection. Conditions of injection and pallor were both observed, but the latter appeared to be due to a partial cicatrisation.—Dr. SAINSBURY had recently treated with success a case of superficial tubercular ulceration of the palate by means of the application of a solution of perchloride of mercury (1 in 1000).—Mr. BATTLE replied that the lungs were only slightly affected with phthisis, and there was no history of syphilis.

Mr. PYE showed a girl aged five years and a half, the subject of a symmetrical malformation of both hands and both feet, similar to that described by Mr. Holmes ("Children's Diseases," p. 214). The first and middle digits were absent, and the third and fourth were webbed and fused together, the hand thumbs were fairly well developed, and could be opposed to the fingers, so that the hands were by no means useless. The deformity of the feet was similar to that of the hands, but the great toes were really thumbs in all their characters; they were separated from the rest of the foot by deep clefts, and they could be opposed to the remaining digits as the hand thumbs could. The mother believed the condition was caused by seeing a crab about

the twelfth week of gestation, which frightened her.—Mr. LOCKWOOD remarked that the digit on the radial side of the foot had three phalanges, and therefore was not a thumb.—Mr. PYE, in reply, regarded it as a thumb because of its remarkable power of apposition.

Mr. HERBERT ALLINGHAM showed a case of Cutaneous Eruption for diagnosis. The rash was limited to the right lower extremity of an adult woman, was of an inflammatory character, and the patient would not allow anyone else to dress it.—Dr. CROCKER considered it an artificial eruption; the "squareness" of the rash made it resemble lesions produced by liquid caustics. He thought the brown staining might indicate crude carbolic acid.—Dr. COLCOTT FOX said the shape of the eruption and its localisation to one limb marked it as a feigned disease.—Dr. CAMPBELL thought it might be produced by mustard leaves cut square, and aggravated by the finger nails of the patient.—Mr. ALLINGHAM affirmed his intention of putting the patient's leg in plaster-of-Paris, and would report the result later.

Dr. R. RUSSELL introduced a boy aged fourteen years, recovering from an attack of Paraplegia, supposed to be functional. He was admitted into the Hospital for the Paralysed and Epileptic nine months ago, under Dr. Bastian's care. Four months before admission he was attacked with headache, and appeared to be unable to answer questions, though he seemed to understand what was said to him. There was no loss of consciousness. He remained in bed ten days, at the end of which time he was found to be paralysed on the right side, though he was then able to speak quite well. The face was not drawn. Three weeks later a rash appeared all over, and when it had faded he was found to be unable to walk or stand. There was no affection of the sphincters, no pain in the back, and no sore-throat at the commencement of the illness. There was no family history of nervous disease. Five other children in the family were healthy. On admission, there was no power of dorsiflexion at the ankle; all other movements were present to a slight degree as he lay in bed, and carried out with very exaggerated show of effort. There were "sock" anæsthesia and analgesia, and considerable rigidity on attempts at passive movement. The muscles all responded well to faradism. The reflexes were as follows: the plantars were absent, the knee-jerks exaggerated, and there was pseudo-clonus of both ankles. The spinal column was normal, and the sphincters unaffected. The left grasp was double that of the right, the tongue protruded mesially, and there was no difference of the superficial trunk reflexes on the two sides. He could now walk, though there was still next to no power of dorsiflexion at the ankle. The muscles responded tardily to faradism, the galvanic reactions were KCC>ACC. The "sock" anæsthesia was still present, though not nearly so absolute. The pseudo-clonus had varied from time to time; it was never a true clonus. The legs were wasted as a whole, no special groups being affected. The left grasp was still slightly greater than the right, but both were much more powerful.

Dr. RUSSELL likewise showed a little girl, aged twelve years, the subject of Disseminated Sclerosis. She was said to have had a fall three years ago, followed by unconsciousness for three weeks. After this she remained weak, and two years ago movements commenced and speech became affected. In addition she used to have "hysterical attacks" at that time. There was no history of heredity. She had had measles and scarlet fever in infancy, but never rheumatism. She was admitted under Dr. Bastian's care at the Hospital for the Paralysed and Epileptic, Queen-square, three weeks ago, being unable to stand or walk without assistance. There were well-marked irregular movements of the head and extremities. There were nystagmoid movements of the eyes, which ceased during sleep, and often when at rest, associated with blinking movements of the lids. The discs and fundi were normal. The tongue twitched, and there was "syllabic" utterance. The sphincters were unaffected. The deep reflexes of the arms were not increased, the knee-jerks were active, and there was no foot-clonus.

Dr. DE HAVILLAND HALL exhibited a girl aged sixteen with a Rough Systolic Murmur, loudest over the second costal cartilage and conducted towards the left sterno-clavicular articulation. There was a systolic thrill in the second left interspace. The area of cardiac dulness was increased, the apex beat being outside and below the nipple. The patient was anæmic, but there was no other sign of congenital heart disease.—Dr. SIDNEY PHILLIPS thought that the murmur was hæmic, and originated in the aorta or one of its branches. The increased cardiac dulness, he suggested, was due to retraction of the lung.—Dr. SEYMOUR TAYLOR heard the bruit in the vessels of the neck, and regarded it as hæmic.—Dr. HALL, in reply, said that the presence of the thrill made him exhibit the case. She was being treated for anæmia.

Mr. BOWREMAN JESSETT showed two cases of Inguinal Colotomy operated on by a novel method. The intestine was divided at the time of the operation, and the two ends were invaginated; the lower segment was then dropped into the abdominal cavity, while the upper end was drawn well out of the wound and removed a few days later. The cases were under the the care of Dr. Purcell, who in operating carried out Mr. Jessett's proposals. The patients were fed on liquid diet for four days prior to the operation, the bowels were kept open daily by means of castor oil, and the rectum washed out with warm water several times. The method of operating was described in detail. The advantages claimed for the procedure were:—1. The diseased portion of the bowel situated in the rectum was completely shut off from the upper segment, therefore there could be no leakage of fæcal matter over the ulcerated surface. 2. The lower portion of bowel being invaginated and returned into the abdominal cavity, there could be no prolapse of the mucous membrane from it. 3. The upper portion of intestine being divided so closely to its origin, there was not so much fear of procidentia or prolapse. In none of the six cases operated on had there been any.—Dr. PURCELL said he exhibited three cases operated on by this method, together with photographs of the openings in the groin, showing absence of prolapse of mucous membrane. A perfect artificial anus was the result in each case, and it was easily attended to by the patient.—Mr. HERBERT ALLINGHAM said that in six of the thirty cases he had operated on the gut was twisted, and fæces came from the lower end; this must be a great objection to dividing the gut and dropping one portion back. It would be likewise difficult to get rid of fæcal matter retained above the cancerous stricture.—Mr. JESSETT, in reply, said he made sure of finding the upper end of the gut by following the descending colon downwards with the finger. He avoided difficulty from impacted fæces by washing out the lower gut beforehand.

Dr. FELIX SEMON then brought forward an instance of Bilateral Paralysis of the Glottis-openers. The patient was a married woman, aged forty-nine, who eighteen months ago lost her voice. It remained stationary for six months, and then gradually recovered. But *pari passu* with the improvement dyspnœa set in, exclusively inspiratory, which gradually increased to a degree threatening suffocation. On examination bilateral paralysis of the glottis-openers was found. Iodide of potassium failed to produce any improvement, and tracheotomy had to be performed. Protracted observation failed to throw any light upon the etiology of the process. Dr. Semon's theory was that the case was one of complete (?) rheumatic bilateral paralysis of the recurrent laryngeal nerves, and that the adductors had recovered more quickly than the abductors; the latter being, during convalescence, thrown into a state of paralytic contracture, in which they had remained.

Reviews and Notices of Books.

Dermoids, or Tumours containing Skin, Hair, Teeth, &c. By J. BLAND SUTTON, F.R.C.S. London: Baillière, Tindall, and Cox. 1889.

THE interpretation of the genesis of the singular class of new growths known as dermoid tumours requires not only an extensive acquaintance with their characteristics and situations, but also the capability of taking a wide grasp of embryological data and of the general conclusions which flow from them. Mr. Bland Sutton has already proved his capacity to deal with such matters, and he speaks upon them with the conviction of one who has assured himself of the truth of his speculations. For it must be admitted that there are some lacunæ in the study of this complex subject which can only be filled by generalised hypotheses.

"Dermoids" he defines as being "cysts or tumours, furnished with skin or mucous membrane (which may or may not be accompanied with the appendages peculiar to these structures), occurring in situations where skin and mucous membrane are not normally found." The general types of structure met with are clearly described, and amongst the most interesting facts are the statements that the hairs in such cysts turn grey with the age of the subject, and that horny formations analogous to epidermic horns are occasionally to be met with mingled with their sebaceous contents. But undoubtedly the greatest service rendered by Mr. Sutton consists in his orderly classification of these curious formations accordingly as they occur along the lines of coalescence of the opposite halves of the body wall and the embryonic clefts, with the result that he explains in a satisfactory manner the occurrence of intracranial dermoids by showing that the cranial bones are superadditions to the primitive cranium (which is represented by the dura mater), and he also dispels the old notion of the testicle being a common seat for dermoids, which in this situation mostly arise in connexion with the scrotum. Dermoids on the limbs or iris are shown to be due to "implantation" from injury driving in portions of epidermis—an ingenious and suggestive hypothesis. In order to strengthen his argument, he also finds it necessary to show that mucous membrane and skin, although differing in their origin from hypoblast and epiblast respectively, are yet identical in many points, an argument supported by facts showing the conversion of mucous membrane into skin in prolapsed organs; and also to demonstrate from embryological data the derivation of the pleuro-peritoneal cavity from the primitive intestine and the continuity of the central canal of the spinal cord with the latter tube. Many will turn to the last chapter with especial interest, since it deals with the peculiarly difficult question of ovarian dermoids. Mr. Sutton has succeeded in showing that there is no sharp line of demarcation between these and the other forms of true ovarian (oöphoritic) cyst, tracing their origin to the ovarian "follicle," which he claims to be analogous to a mucous crypt. We would commend the perusal of this book to all interested in the elucidation of pathological problems. It is clearly and concisely written, and abounds in a wealth of facts, upon which its author relies for the correctness of his generalisations. Dealing with a comparatively limited and hitherto obscure corner of pathology, it yet suggests far wider applications to the general subject of tumour formation, in reducing to order the members of an aberrant class of growth, and shedding much light upon their nature and genesis. The monograph is, moreover, lavishly illustrated with excellent engravings, which greatly facilitate its study. We have little doubt that it will frequently be consulted as authoritative upon the subject of which it treats.

Watts' Dictionary of Chemistry. Revised and entirely Rewritten by MM. PATTISON MUIR, M.A., Fellow and Prælector in Chemistry in Gonville and Caius College, Cambridge; and H. FOSTER MORLEY, M.A., D.Sc., Fellow of University College, London, &c. Assisted by eminent contributors. In four volumes. Vol. II. London: Longmans and Co. 1889.

THE untimely death of Mr. Watts, to whom English science was indebted for such an enormous mass of chemical literature, left to new hands the herculean task of preparing a second edition of his well-known dictionary. The publishers have been remarkably fortunate in their selection; and although little but the name of Watts survives in the text of the dictionary his plan and method are preserved. The editors were right in rejecting the temptation to patch the whole work and undertaking boldly the labour of rewriting. Rewriting did not involve rejection of the old, and free use has evidently been made of the material which in the original five volumes and the succeeding supplements had been collected. But the progress of science is so rapid that rewriting, and not mere revision, was necessary. Curtailed by unavoidable limits, every form of condensation consistent with intelligibility became essential; and in the new book, for a new book it is in many senses, condensation is accordingly carried at least as far as is possible, and many readers will probably think it has been carried too far. Certainly, a little practice is necessary before the book can be used with any freedom; but the student is assisted by a card book-marker, on which the abbreviations employed are explained, and he is well compensated for the small trouble entailed upon him by the vast mass of facts and figures which are presented. The book is a dictionary and not a treatise, and the editors have wisely sacrificed elegance of style to profuseness of detail. It is not meant for beginners or for those whose sole object is to "pass" in some examination, but to real students of science, whether in chemistry, physiology, therapeutics, or technology, it will be not only useful but essential.

The mass of the work in the present volume has of course fallen upon the editors, Mr. Muir contributing the greater number of the theoretical and inorganic and Dr. Morley of the organic articles. But they have been ably assisted by about a score of coadjutors, whose separate contributions are indicated in the introduction. Detailed criticism of the articles is of course impossible, but, as examples of the style of the edition, we may mention Mr. Muir's admirable essay on Chemical Classification, and Dr. Morley's account of Glycerin. Amongst the articles most likely to be interesting to our readers, the following are fairly illustrative: Cinchona Bark, by Mr. David Howard, whose authority none can gainsay; Hæmoglobin, by Dr. Halliburton, an admirable essay; Fermentation, by Dr. Rideal; and Cholesterin, by Mr. McGowan.

The publication of the work is proceeding with commendable speed, and will at the present rate be complete in two more years. For this, as for the general excellence of the work, all who are interested in science will be grateful.

New Inventions.

THE LEICESTER VAPORISER AND ODORATOR.

THIS is an arrangement by means of which a large surface of linen is exposed to the air within a comparatively small space. A band of linen about three inches and a half wide is stretched by a series of frames radiating from a central hinge, along the extremities of which it is passed, forming a half circle, and the surface is again increased by the passage of thin linen strips along the frames which support it to the central hinge, so that the surface exposed equals twenty times the size of the closed apparatus. The whole framework, with the linen stretched over it, can be enclosed within the japanned tin covers, which, fastened by a catch, make a case easily transported from place to place. It is used for disinfecting sick-rooms, wards, or any vitiated atmosphere, or for charging the air of an apartment with the vapour of essential oils, &c. Any liquid disinfectant may be employed with it. This should be poured on the linen, and will then offer a very large surface for evaporation. It is almost automatic; if the deeper half of the opened cover be filled with the fluid employed, that on the linen corresponding to this half of the cover will be replaced by this fluid as it evaporates, but it is necessary to keep the linen damp on the other side by occasionally moistening it. The patentee is Mr. De St. Dalmas, Leicester.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 30, 1889.

THE General Medical Council appears likely to have an important session, even if, under the present notions of economy, it is also to be brief. The subjects which were to be discussed were indicated last week, and apart from some of the usual regrettable questions of removal from the Medical Register, it will have been seen that they deal with some very practical questions connected with the education and examination of students. The address of the President (Professor MARSHALL) always furnishes a foreshadowing of the coming events, and it is always worthy of attention from its lucidity; still, it is like a well-ordered *menu*, it stimulates expectation, which, after all, some of the results may scarcely satisfy. The head has arranged the programme of the feast, but the best laid plans may go "a-gley" when so many have opportunities of turning the course of events. This year the session commenced with the formal notification of appointment and introduction of Dr. CHURCH and Dr. DONALD MACALISTER, the two new representatives to succeed the late Dr. KING CHAMBERS and Dr. HUMPHRY. The President then delivered his address, and in his opening phrases referred to the loss sustained by the death of Dr. KING CHAMBERS, whose hostility to "covering" and to the improper employment of unqualified assistants had so greatly directed the work of the Council. Tribute having also been paid to the steady and helpful service of Dr. HUMPHRY, several pithy sentences showed the work performed by the President in his official capacity since the last meeting. The note upon the grievances of holders of British medical qualifications endeavouring to practise in Switzerland is judicial in its gravity, but at present stands for little more than a good-natured protest. With frequent references to the charge upon the funds of the Council involved by any extraordinary expenditure of time in its deliberations, the immediate business of the session was introduced in commendably terse terms, and the President, by the modesty with which he spoke of the "indirect influence" of the resolutions of the Council concerning medical education and examinations, indicated, to those who read between the lines, his belief that although they sometimes led the way, they not infrequently followed the spontaneous suggestions of the qualifying bodies and teaching schools. The five years' curriculum which was recently advocated by the College of Surgeons seems likely to meet with a favourable reception from at least the President of the General Medical Council.

The communication from the Director-General of the Army Medical Department possesses only a passing interest in showing the qualifications of those who have competed for commissions in the Medical Departments of the Army and Navy, but it emphasises the great competition for the few vacancies, and otherwise simply shows that one candidate was found deficient in chemistry and another in surgery. More interesting was the question of expenditure raised by the report of the Executive Committee, which indicated, as we pointed out when last dealing with the Council, that the best way of saving time was by delegating a large share of the work to various committees. That this would not be an infallible remedy was immediately demonstrated by a discussion upon this report, in which eight members of the Council took part; and when the amendment suggested had been negatived, the names and numbers of those who voted for and against the amendment, and of those who did not vote, were formally recorded. Whether inspection is really sacrificed to the expenses of the meetings of the Council can scarcely be determined by the remarks made at this meeting. Dr. QUAIN said money had always been found for inspection whenever the Council had ordered it, but this may not mean more than that the Council refrain from giving any instructions when in financial straits. Of the communications relating to the recognition of diplomas in Sanitary Science we hope to speak later, when the Education Committee has reported upon them. Meanwhile, however, the Council has carried a resolution for which they deserve commendation; they have requested the Committee of Management of the Conjoint Board to define by whom and where instruction is to be given in the subjects of chemistry, materia medica, pharmacy, practical pharmacy, and practical chemistry. The story of the coachman having written a certificate, which was duly forwarded and recognised, may be apocryphal, but it is certain that the scope of the examination in these subjects is wider than can be met satisfactorily except by systematic teaching. Several of the London schools advise students to postpone presenting themselves in materia medica until they have passed in anatomy and physiology. Although there is much to be said as to the heavy burden of the medical student when he is registered, and although there are many arguments in favour of the system of pupilage which this "laxity" is intended to encourage, the relatively high percentage of rejections in these subjects can scarcely be deemed a proof of the wisdom of the present regulations. That the question bristles with difficulties is sufficiently shown by the small majority which carried the motion; still we hope for a better result than the polite answer anticipated by the President. The memorial from certain Licentiates of the Apothecaries' Society of London, introduced by Mr. BRUDENELL CARTER, was favourably received, and no difficulty was experienced in agreeing to his motion for appending a note to the certificate of registration to the effect that it denotes a triple qualification in Medicine, Surgery, and Midwifery. So much being granted, it remains to be seen how long the Licentiates will be satisfied with the old title of L.S.A. even with the new note. The indiscriminate distribution of death certificate books was called in question by Dr. GLOVER, who suggested that the Treasury be memorialised to issue annually to every registrar of births and deaths a copy of the Medical Register, to enable him to say whether a person signing a death certificate was or was not qualified. This useful suggestion was adopted, as was also a further suggestion for memorialising the Registrar-General to have the forms of certificates of death numbered so that they could easily be

traced. These very practical improvements brought the work of the first day of the session to a close with a sense of satisfaction. If they are carried into effect by the Treasury and the Registrar-General, they will largely increase the utility of the Medical Register. So far the Council has fairly grappled with the problems brought under consideration, and reference to the report will show the amount of valuable aid it has received from the direct representatives. There remains, however, a great deal to be done, so it is perhaps premature to congratulate the Council upon its celerity.

FOREMOST amongst the unsolved problems of pathology, and in importance transcending all others, is the subject which is annually dealt with at the Royal College of Surgeons in the Morton Lecture. The office of lecturer is assigned to surgeons of mature experience, with whom the natural history of cancer is familiar, and in their utterances we look for those glimpses of the truth, those fruitful suggestions or ideas which they have gained or formulated out of their experience. Mr. JOHN MARSHALL follows worthily in the steps of his predecessors in the chair; for no one can have read the lecture we published last week without a sense of its suggestiveness, and of the freshness of view with which the subject was dealt with. Many questions were raised in the course of the lecture which can only be decided by a renewed and patient investigation of the pathology of malignant disease, and which, if determined, would constitute a very material advance in our knowledge of its nature, and bring us perhaps one step nearer the means of its cure or its prevention. It is quite true, as Mr. MARSHALL stated, that nearly all our knowledge of cancer is founded upon the study of its structural characters; but what we want to know is the reason why it has such peculiarities, in what relation it stands to the normal organism, and how it is that it runs its peculiarly destructive course. The history of pathology, especially since the labours of VIRCHOW shed so great a light upon the intimate structure of neoplasms and evolved order out of chaos, abounds in attempts to answer such questions, which, indeed, lie at the root of the matter. The notion of special cancer cells, distinguishable by morphological characters alone, has had to yield before the discoveries of a profounder histology; and yet, as Mr. MARSHALL showed, the cells of cancer must possess inherent properties wholly different from those whence they are primarily derived. The further idea of a constitutional diathesis to account for perversions in tissue formation which constitute the atypical structure of cancer is also in large measure abandoned; and facts all seem to point in one direction—namely, that of a localised aberration in cell growth. Whether, as COHNHEIM believed, this be due to errors in the embryonic organism, the misplacement of embryonic cells, which may constitute the starting point of tumour growth in later life; or whether the perversion of growth from the regular course be determined by, or in the course of, the normal nutritional changes at various periods of life; or whether indeed the stimulus to the aberrant growth be introduced from without,—these and other problems, at present wholly speculative, may well be suffered to wait until we know more about the nature of the cancer growth itself.

Mr. MARSHALL properly laid great stress upon a striking feature of the cell development in true cancers—viz., its disorderly, or as he phrased it, *anarchic* growth. Not, of course, that it is really governed by no law, but that, as compared with the systematised and ordinary disposition of the normal epithelia, the distribution of cancer elements seems to us lawless and irregular. The cells multiply profusely, so that they accumulate and perish from mutual compression; but why they so multiply, why they are so atypical, is quite unknown. No doubt it is, as Mr. MARSHALL suggests, due to nuclear changes, and it may possibly happen that in the determination of such changes we shall be able to discriminate more exactly the epithelioid cell of cancer from the epithelial cell of the healthy organism; but, after all, that would only confirm what we already feel to be true, that these aberrant cells have properties different from the normal, whence they are derived. A fruitful hint was given by the lecturer as to the direction in which they may so differ. He pointed to the metabolic processes of cell life, and suggested that the cells of cancer may produce material which by its action on the surrounding healthy tissues may be a prime factor in the local infiltration of the cancerous growth and in lymphatic and more distal infection. He recalled an interesting observation he made some years ago upon the presence of free lactic acid in growing cancer, and urged that chemical analysis might still have much to teach in this matter. Another subject in the structure of cancer to which Mr. MARSHALL drew especial attention was that of the stroma, which is peculiar to carcinoma, and peculiar also in its histological characters. It is quite true that beyond serving as a diagnostic basis this stroma has received but little attention at the hands of histologists. It has not even been definitely determined whether it is an essential part of the cancer or not. We only know that it varies from the most delicate framework in the medullary cancers to the dense compact bundles of tissue of almost cartilaginous hardness that characterise scirrhus. *A priori* it seems improbable that an element so variable in extent, and apparently so passive in nature, can play any important *rôle* in the nature of the disease, except that in proportion as the cell elements dwindle in amount so does the stroma increase, and the more "atrophic" the cancer and slower its growth, the denser its tissue and more contracted its alveoli. Certainly the stroma should not be neglected, even if it be of minor importance.

Perhaps the most suggestive portion of the lecture was that in which the idea was promulgated that the reason for the anarchy of cancer growth lies in the dissociation of the cells from the controlling influence of the nervous system. This suggestion is not so baseless or *bizarre* as at first blush it might seem; and now that the humoralistic theory of cancer bound up with the "constitutional" view cannot be sustained, it is perhaps natural that we should revert to the "solidistic" notion of the all-pervading influence of the nervous system. But in fact it is more than a theoretical surmise. It is, at any rate, supported by the histological discoveries of later years, which have traced the direct connexion of nerve filaments with cells, and the physiological facts of the intimate connexion between the nervous system and processes of cell nutrition. In all

compound organisms, all parts, all organs and tissues, are connected and controlled by the all-pervading nervous tissues. To their influence we look for the orderly performance of function, the regulation of secretion, even in some degree of the governing of growth. It may be, as Mr. MARSHALL suggests, that in their severance from this control we have the key not only to the "anarchy" of the cancer cells, but to their perverted metabolic processes, which explain their malignancy and their essential nature. At any rate, the theory is not one to be discarded without a thought; it is based on surer ground than the fanciful notions of the old neuralist school, which never gained much acceptance, and it is well worthy the study claimed for it.

Finally, as regards the local recurrence of cancer after removal, and the necessity for the widest and freest extirpation which Mr. MARSHALL advocated, there can, we think, be no two opinions amongst surgeons. It is one of the chief gains due to histology that the cancerous elements may be demonstrated, spreading far and wide beyond the limits assigned to the disease by the unaided eye. The only hope (and that, alas! is too often falsified) for the cure of cancer lies in the most complete eradication of the growth and the infected tissues and glands in its vicinity. That, however, is not the aim with which we can be content. We may look forward hopefully to the time when with fuller knowledge of the origin and nature of the processes that lead to the formation of these cancerous growths, it may be possible to deal with these diseases as has been so successfully done with others—viz., by prevention. Before that time arrives, many of the problems raised in this Morton lecture, and others more far-reaching still, will have to be solved. The task is a great one, but surely not insuperable, though many generations may pass before it is fulfilled. There are some who, in this matter, are impatient of the slow progress of science—who formulate theories and endeavour to fit facts into them. That is not the temper with which to grapple with great problems like this of cancer. Such theories only serve to retard true progress, which can be made only by earnest, patient, and prolonged investigation of nature.

VIGILANT LADIES, who think it their mission to expose the carelessness of other people, will find out that they have not quite such a monopoly of vigilance as they had supposed. The answer of Mr. GALSWORTHY, chairman of the Metropolitan Asylums Board, to the charges against the authorities of fever hospitals, will probably rather surprise Miss COBBE. The precautions are so proper and particular that we give the clauses describing them:—

"VISITING OF PATIENTS.

"35. The visiting of patients is limited to the nearest relatives and intimate friends of patients dangerously ill. One visitor only will be allowed daily to each patient. Visits are, as a rule, to be limited in duration to a quarter of an hour. In urgent and special cases, however, the medical superintendent is empowered to increase the number of visitors to two, and to extend the duration of the visit.

"36. Visitors are warned that they run great risk in entering the hospitals. They are advised not to go into the wards of the small-pox hospitals without having been properly revaccinated; and, if they reside where the case visited occurred, are earnestly requested to urge the remainder of the occupiers of such house to call at once on the public vaccinator (whose address can be obtained from any of the parish officers) for the purpose of being vaccinated.

"37. Visitors are further advised not to enter the wards in any of the hospitals when in a weak state of health or in an exhausted condition, but to partake of a good meal before entering the hospitals. They will be required when in the wards to carefully avoid touching the patient or exposing themselves to his breath, or to the emanations from his skin; and will not be permitted to sit on the bed or handle the bedclothes, but will be allowed to sit on a chair by the bedside at some little distance from the patient.

"38. Visitors will also be required to wear a wrapper (to be provided by the Board) covering their dress when in the wards, and to wash their hands and faces with carbolic soap and water before leaving the hospital, or to use such other mode of disinfection as may be directed by the medical superintendent.

"39. Visitors are strongly urged not to enter any omnibus, tramcar, or other public conveyance immediately after leaving the hospital."

If there are any benighted hospitals in existence where such precautions are not taken, they will feel themselves rebuked by reading what is done elsewhere. But there is no reason to think that the provinces are behind London in this matter. We have not hesitated to admit the force of Miss COBBE'S personal experience in this question, which led her to write as she has done. Nevertheless, we must remember that things have advanced greatly in the last twenty years as regards our notions of infection and the ways in which it is spread. Miss COBBE does not give us the date of her experience, further than that it was "years ago." What should we think of the fairness of judging the work and ways of a surgeon "years ago" by the latest precautions of Sir JOSEPH LISTER? The comparison would be manifestly ungenerous. Many old and experienced practitioners have much reason to believe that, by dint of personal care and cleanliness—which, after all, are a great part of the science of disinfection,—they have never been the means of conveying disease. In cases of scarlet fever and small-pox some kind of surplice should be worn, such as that described by Mrs. PRIESTLEY. It is waterproof, and dries quickly after being washed with a disinfecting fluid. The face and hands should be washed, and the mouth rinsed with a weak solution of permanganate of potash or other disinfectant. Possibly these precautions are in most cases excessive and superfluous. But, even so, they should be practised. It is right to go to an excess of precaution to avoid so great an evil, and such care in medical men has an excellent educational effect on a household, and teaches all subordinate authorities care. As we have already said, a most capable committee of the College of Physicians has been appointed, jointly with one of the Metropolitan Asylums Board, to prevent the evil feared by Miss COBBE, in the case of students studying at the infectious hospitals. No harm will be done by her warnings, but it would only be fair on her part to admit that she has underrated the carefulness of the authorities that are responsible for the management of our great infectious hospitals. And this discovery may well incline her to believe that private practitioners who object to discuss such questions in the public newspapers are much more careful than she had given them credit for.

Annotations.

"Ne quid nimis."

THE UNIVERSITY OF LONDON.

AT a special meeting of the Senate on the 20th inst., a scheme for the reconstitution of the University, on the general lines laid down by the Royal Commissioners, was approved after a long discussion, and it has been forwarded to University and King's Colleges, the Royal Colleges of Physicians and Surgeons, the Council of Legal Education, and the Incorporated Law Society, as a basis for conference with these bodies. It is evidently considered that it would be unwise for Convocation to see and discuss the proposed scheme until the institutions interested therein, who are external to the University, have expressed their assent or dissent to the proposals of the Senate. So far as we can learn, the great problem of how to grant degrees to London medical students on terms comparable with those on which they are given in the Scotch and provincial universities finds no solution in the new scheme, although a possibility of two standards for the M.D. degree is foreshadowed. The pivot of the proposed reform is the constitution of a constituent college, and the definition is sufficiently vague to take in any one-faculty institution in London and the neighbourhood, whilst similar bodies in the provinces are to have certain privileges in being excused the Matriculation Examination. The Senate also proposes to accept examinations at the Colleges of Physicians and Surgeons in preliminary scientific subjects instead of their own. Physics and Chemistry are the only scientific branches tested by these Colleges. Are the Physics and Chemistry of the Conjoint Board quite satisfactory to the Senate of the University? And where is the Biology? It is obvious that the Senate has not seriously taken into consideration the full extent of the medical difficulty in London; and in proposing to accept lower standards in the earlier, without modifying their later, examinations, the authorities of the University will be likely to mislead the student as to his ability and power to obtain their degree. We can scarcely believe the rumour that has reached us, that the University of London has practically come to a conclusion that two M.D. degrees of different standards may be given by the same University. Would not this create more confusion than the formation under different names of two degree-conferring bodies in London?

REPORT OF THE HEALTH OFFICER TO THE STAFFORDSHIRE COUNTY COUNCIL.

ALTHOUGH the need of reports from medical officers of health of County Councils hardly comes into effect until next year, after the receipt by such officers of the annual reports on the current year, which will then have been transmitted to the Councils, Dr. Reid, health officer to the Staffordshire County Council, has prepared a report which gives an excellent idea of some of the work that such officers may be expected to perform. It is true that the material on which it is based is incomplete, for only ten annual and fourteen special reports have reached Dr. Reid from the fifty-two sanitary districts coming within the jurisdiction of the Council; besides which the Local Government Act imposes but few sanitary duties on County Councils. But for all this the report gives a good idea of the different ways in which a county health officer may be most useful. Thus, statistics are compiled comparing district with district within the county area; sanitary defects to which attention has at different intervals been called are prominently referred to; the imperfect manner in which vaccination is performed in two sanitary areas of the county as compared with others is adverted to; and failure to comply with the provisions of certain Acts or to make proper arrangements for controlling the spread of infectious disease in certain districts are specified. In the end, Dr. Reid advises the County Council to take action in a number of directions. He suggests, amongst other things, that the attention of the Stourbridge rural authority should be called to the fact that their medical officer of health still remains without information as to the number of births in his district; and that the West Bromwich rural authority should be reminded of their duty under the Dairies, Cowsheds, and Milkshops Order. But he goes further than this. He proposes that some of the sanitary authorities who may be regarded as making default in these and similar matters should be requested to supply to the County Council information as to their intended action; he urges that as regards Quarry Bank and Brierley Hill the Council should institute a special inquiry as to the sanitary circumstances prevailing in those places; and he proposes that answers to a number of queries as to sanitary administration should be sought from all the sanitary authorities. The object thus held in view is a most laudable one, and the report may possibly embody a forecast of the future position of a county health officer—a position which should be filled by an expert ready to advise the County Council and to undertake local inquiries with a view of aiding the various local sanitary authorities. But we are by no means sure how these local bodies will, in the present state of the law, be inclined to submit to a position with regard to the County Councils in matters relating to the general sanitary administration of their districts, which is not required of them under the existing law; for it must be remembered that one of the greatest difficulties with which the Government had to deal when they brought in the Local Government Act, 1888, related to the transfer to the County Councils of certain powers of sanitary administration, supervision, and control which the central government have hitherto alone exercised; and the objection which local bodies exhibited to being in any such sense placed under the control of the County Councils was so strong that in the end the Government dropped the clauses and schedules dealing with this subject out of their Bill, and the County Councils have in consequence been constituted with hardly any sanitary functions at all. For these reasons we imagine that action in the direction of superintending local sanitary administration by County Councils will have to be of a very tentative character; and that it should, in the main, be by way of offer of assistance than in any other way. The co-operation of Dr. Reid with a local health officer on such lines, whether for the purpose of assistance or of acquiring information, will certainly be of value to the local authority concerned; and it is essentially in this sense that we interpret the proposals of the report before us.

INFLUENCE OF THE SPLEEN ON THE BACILLI IN THE BLOOD.

DR. VON KARLOW, wishing to find out whether the spleen has the destructive influence upon bacilli introduced into the circulation that has been assigned to it by many, performed a number of experiments with the object of setting this question at rest. For each experiment he took two rabbits as nearly alike in size and weight as possible, and extirpated the spleen in one of them. Two or three months afterwards he injected an equal quantity of some particular bacillus culture into the auricular vein of each, and examined the blood after the lapse of half an hour and an hour and a half, killing the animals after two hours. No perceptible difference could be detected in the distribution of the bacilli in the two animals. Similar results were obtained

when attenuated cultures were employed. The bacilli experimented with included those of anthrax, chicken cholera, diphtheria, and porcine erysipelas, staphylococcus pyogenes aureus, and the cocci of erysipelas. It may be mentioned that in one case, where Emmerich's bacilli were used, the animal without the spleen lived, while the one that had not been operated upon died.

LEPROSY.

AT the recent meeting of Livonian practitioners held at Wolmar, two of the Professors of the Dorpat Medical Faculty read important papers on the subject of leprosy. Professor E. von Wahl dealt mainly with the historical, etiological, and practical side of the question, Professor Dehio treating the affection from a histological standpoint. Professor von Wahl stated that the cases had become much more numerous during the last twenty years, and gave it as his opinion that there could be little doubt about the transmission of leprosy from person to person. It is found that individuals of all ages are attacked whose parents are, as a rule, perfectly free from the disease, so that the idea of its being hereditary has not much to support it. Again, as the peripheral parts are usually the first to be attacked, and especially those which are uncovered, or which are, like the mucous membrane of the throat, peculiarly liable to external influences, it would seem probable that the disease is communicated from the outside rather than that it is generated within the body. A very important point, too, is that in a comparatively early age of the disease the reproductive power, and even the capacity for the act of coition, is lost. As to the direct proofs of contagion, Professor von Wahl referred to the works of Leloir, Bergmann, Paulson, Hellat, and Münch, and to the cases of Fathers Damien and Conrady. Professor Dehio described pretty fully the anatomical changes observed in leprosy. In these, as has been known for a considerable time, a very important part is played by the peripheral nerves. The morbid changes which commence at the peripheral extremity appear to creep centripetally along the smaller twigs towards the larger nerve trunks. Microscopical examination of nerve sections reveal, even when little or no morbid appearances are visible to the naked eye, a small-celled growth invading the tissue surrounding the nutrient vessels. The fasciculi of the larger trunks become separated from one another, the nerves appearing to be thickened. The neurilemma will be found in some places to have become granular, and in others to have disappeared, leaving the axis cylinder alone, which itself ultimately disappears, its place being taken by a thick cord composed of leprous tissue, together with the perineurium and the connective tissue previously existing in the healthy nerve. The degenerative atrophy of the peripheral nerves has only been studied during the last twenty years. Very variable clinical types may be assumed by the disease according to the original seat and cause of the affection. It is a matter of some importance to determine how far the clinical symptoms of the anæsthetic variety are referable to the morbid changes in the peripheral nerves above mentioned. A case was related where there was pure anæsthetic leprosy with maculæ distributed over the surface of the trunk and limbs. Here an electrical examination showed the existence of an atrophic paralysis of the interossei of the hand and of the abductors of the little fingers. In the paralysed muscles there were great differences both in the nature and degree of the partial "reaction of degeneration." In some of the muscles there were also fibrillar tremors. There was also a lowering of sensation, which seemed to affect all the different kinds of sensation about equally, and which was especially marked in the localities supplied by the two ulnar nerves. At the same time there were also observed distinct evidences of irritation, as formication, slight shooting pains, and tenderness on deep pressure. There could, therefore, be no doubt that there was degenerative atrophy of the nervous conducting media supplying the skin and the muscles of the hands. The general description of the disease from a pathological point of view may be summarised in the expression "multiple, chronic, degenerative, ascending leprous neuritis."

"NOBLESSE OBLIGE."

IT is certainly most natural, and perhaps not altogether unreasonable, that the general public should extend to a man who has attained to distinction in any one of the recognised walks of life a very large confidence, and be prepared to take him very much at his own valuation when he departs from his accustomed path to tread in others with which he may or may not be less familiar. The ordinary man thinks Mr. So-and-so is a great man in his way, and that he is not likely to imperil his assured reputation by committing himself to the success of an undertaking as to which he is no better qualified to judge than another man. Unhappily the men of mark do not always exhibit quite so much caution as they are thus credited with. Our attention has recently been drawn to a prospectus in which the names of several persons justly distinguished for scientific and other attainments are paraded as vouchers for a patent medicine. Of the patent medicine itself it is not necessary, and therefore it is not desirable, that we should speak on this occasion; but it would certainly be very unfair to the gentlemen in question to hold them personally responsible for the utterances of their advertising agents. Yet it is hard to see how they can escape responsibility if they allow their names to be used to authenticate the undertaking. No doubt if they could be put in the witness-box and cross-examined they would be only too ready to avow that the most complete mastery of the laws of electricity or chemistry, or of some other branch of physical service, as the case may be, affords no criterion at all by which a man can judge of the value of a nostrum, and that in reference to such a matter one man without medical training is pretty much like another, and can rely on nothing but his common sense. But while we give them full credit for holding this view as a pious opinion, we cannot but feel that it is a little unfair to their less instructed and somewhat undiscriminating neighbours, who pay to them the tribute of that respect which is due to eminence, that they should allow less scrupulous persons to use their reputation and prestige to advance statements which they would shrink from personally making.

AMMONIA IN COCAINE POISONING.

A CASE of poisoning by a very moderate quantity of cocaine is reported by Dr. Golovkoff, in the Proceedings of the Caucasian Medical Society, where ammonia was used with good effect to restore the patient. The patient was a somewhat delicate woman, who was suffering severely from toothache. The pain becoming unbearable, Dr. Golovkoff injected fifteen minims of a two per cent. solution of the hydrochlorate of cocaine under the skin of the left cheek, which gave relief for three or four hours, when the pain returned as acutely as ever. A second fifteen minims were injected, and in about five minutes' time the patient became restless, her pupils dilated, the surface o the skin became pale, the pulse and likewise the respiration became rapid, and shivering came on; the respiration soon ran up to 200 per minute, and was laboured. A curious effect, too, was produced on the sounds of the heart, causing them to be audible at the distance of two paces from the patient. There was great pain over the cardiac region and back,

together with a dread of death and convulsive movements of the limbs. There was some liquor ammoniæ at hand, and this the patient was given to smell and a few drops were given internally every five or ten minutes. Amyl nitrite was also employed, but the latter seemed to do more harm than good, while the ammonia soon brought the pulse and respiration, and indeed the general condition of the patient, into something more like their natural condition, so that in about a couple of hours she had quite recovered. Dr. Golovkoff remarks that the only case he has been able to find in medical literature where ammonia was used as an antidote in cocaine poisoning was one by Dr. Gooding of Barbadoes, reported in THE LANCET of 1888, vol. i., p. 394, and copied into the *Meditsinskoë Obozrênie*. (This was a case of a negress who had developed alarming symptoms after less than half a grain had been injected into the gum; she was treated by hypodermic injections of ether and ammonia.)

OVER-INSURANCE OF INFANTS AND CHILDREN.

WHILE public opinion is moving slowly in the direction of further restrictions of infant insurance, no doubt exists of the necessity for those legislative enactments which were embodied in the Friendly Societies Act of 1875, with a view to keep the amount of infant insurance within reasonable limits, and to check a dangerous abuse of this system. By Sec. 28 of this Act the payment of any sum of money by any industrial or other insurance company on the death of a child under the age of ten years, without the production of a registrar's certificate of the entry in the Death Register, was created an offence. It is further enacted that no insurance society can legally pay any sum of money which, added to any amount payable by any other society on the same death, exceeds £6 in the case of a child under five years of age and £10 in the case of a child between five and ten years. In order to ensure, as far as possible, that these enactments are not evaded, these registrars' certificates for the payment of insurance money must be written on a prescribed form supplied by the Registrar-General, together with counterfoils, on which the necessary particulars are filled up for reference in case a second certificate is applied for relating to the death of the same child. It seems to follow, therefore, that if registrars rigidly adhere to their instructions on the subject, and if societies on their part strictly carry out the enactment that no money shall be paid without the due production of the registrar's certificate, the object of the Act in definitely limiting the amount of child insurance would be satisfactorily effected. In face of the evidence recently given before the Commission appointed to inquire into this subject, there is, however, too much ground for believing that the working of these enactments is far from satisfactory. It was pointed out by the Chief Clerk of the Registrar-General's Office that no efficient means have at present been taken for the enforcement of these provisions. The Act provides that penalties incurred for infringements of these provisions are recoverable (*a*) at the suit of the Chief Registrar of Friendly Societies, or any officer acting under him, and (*b*) at the suit of "any person aggrieved." In fact, however, no prosecutions in this class of cases are instituted by the Chief Registrar of Friendly Societies, even when clear cases of offence under the Act are reported to him, on the ground that prosecution should be undertaken by the Registrar of Deaths as an "aggrieved person." Now a registrar may technically be an aggrieved person if a society illegally pays insurance money without the production of the registrar's certificate, for which the registrar's legal fee is one shilling; but to expect that a registrar should incur the expense and risk of a prosecution on such a ground is entirely unreasonable. The Chief Registrar of Friendly Societies, when a case of payment of insurance money without the legal certificate is reported to him by a registrar, invariably, it is said, replies to the effect that as the provision exists for the benefit of the registrar (!) no official prosecution will be instituted, but that he, the registrar, can proceed against the offending society as an "aggrieved person." Thus no prosecution follows the commission of this legal offence, and the provisions of the Act for restricting the insurance of children are evaded and defeated. Surely, now that light has thus been thrown upon this evasion of responsibility imposed upon those who are appointed to carry out the provisions of the Friendly Societies Acts, some way will be found by the Home Office or by fresh legislation to ensure prosecutions when the insurance provisions of this important Act are known to have been infringed.

THE HOME SECRETARY ON SCOTCH UNIVERSITY DEGREES.

AT a meeting of the Board of Governors of Queen's College, Birmingham, held on Oct. 19th, the Home Secretary referred in somewhat disparaging terms to the degrees given at the Universities of Aberdeen and Glasgow, and has consequently been called to task by Principal Geddes, of Aberdeen. It is certainly most unfortunate that he should be reported as having said "he thought they should think seriously before those who set store by higher education in this country proceeded to multiply establishments in which degrees were scattered broadcast, as they were at Aberdeen and Glasgow, to persons whose distinction, from a scientific point of view, was not of the very first order," unless he were prepared to justify his statement; for we cannot agree with Mr. Matthews that a speech made at this critical period in the history of the University of London by one in his position, both in the Government and at the University of London, at a meeting of the governors of one of the most important Colleges which sends students to the University of London, "ought not to have appeared in the public press at all." If Mr. Matthews did not intend to cast any "reflection upon the manner in which, at the present time, degrees are conferred by the University of Aberdeen, it would have been wiser to have avoided making the remarks above quoted, or to have specified the degrees and the period to which he referred.

HOSPITAL ABUSE AT BIRMINGHAM.

A LARGE MEETING of the profession in Birmingham and in the surrounding neighbourhood was held on the 20th inst., to consider a report on hospital abuse presented by a subcommittee, to which we have already referred. Dr. Wade presided. It was proposed by Mr. Priestley Smith, seconded by Dr. Malet, and supported by Councillor Oliver Pemberton, "That the statements contained in the report are deserving of the serious attention of the public, the administrators of medical charities." The second principal resolution was moved by Dr. Rickards and seconded by Mr. Ross Jordan, to the following effect:—"That in the opinion of this meeting the proposed inquiry would be most usefully conducted by means of a conference between representatives of the general and special hospitals, of the Hospital Saturday Committee, of the Board of Guardians, of the existing provident dispensaries, of the Charity Organisation Society, and of the general body of the medical profession." The general dispensary was properly included on the motion of Dr. Saundby. A strong committee was then appointed, and a further motion requesting the mayor to arrange a conference was agreed to. Many wise things were said at this meeting, showing the harm

done all round by the present overgrown system. There was a strong disposition to blame the Hospital Saturday Fund for generating a notion that the contributions of the working men entitled them to attendance. Mr. Suffield said he had known case after case in which men who refused to subscribe to hospitals on the ground that they were in clubs were told they must leave their work that night. We cannot doubt that working men will perceive as well as other men the difference between a charitable gift and a provident one, though they may want a little more time to do so. We should deprecate any discouragement of their steady contributions to hospitals, while at the same time we would impress on them the essentially charitable character of them. The subject of hospital abuse has only been broached. But all parties are interested in its being now thoroughly discussed. If some sound checks to the existing evils are not devised undoubtedly the hospitals will suffer. We shall look with interest to the result of the conference. There should be no delay in the work, while there should be no undue haste. One thing is clear, that there must be something wrong when, with the increase of wages and of wealth in Birmingham, the demands on medical charities grow out of all proportion to the growth of the population.

MEDICINE AND THE ARTS.

EVERY now and again comes a cheerful reminder that the pursuit of medicine does not destroy artistic perceptions, even though it is currently held that devotion to any science tends to develop the "scientific frame of mind" until it is all-absorbing. Those who have had no scientific training never seem to weary in denouncing the avidity for facts and the scepticism for theories with which they credit those whose habit of thought differs in many respects from their own. The medical profession in particular is selected for cheap satire. The interest of the dissecting-room and physiological laboratory and the watchful anxiety bestowed upon hospital patients are alike misunderstood by many who have never penetrated the inner life of the medical man. To those who know, however, there is a deal of human nature in the medical profession, and it seeks expression and distraction in many unsuspected directions. Painters, etchers, and photographers abound in our ranks, while music not only claims many instrumentalists, but even the publication devoted to Wagner and all things Wagnerian is edited by a member of our profession. In such meditations upon harmony does Mr. W. Ashton Ellis find repose in the midst of the turmoil of conflict on behalf of the Members of the Royal College of Surgeons in their endeavour to obtain a restitution of their corporate rights. The current number of the *Meister*, with its article upon the Bayreuth Hush, seems pervaded by a sense of peace in striking contrast to the correspondence so ably conducted at the beginning of the year.

NEW ITALIAN REVIEW ON HYGIENE.

A FURTHER indication of the progress which is being made in matters relating to public health and sanitary science in the kingdom of Italy is afforded by the promise of the issue next month of the first number of a Review on Hygiene, which will be compiled under the direction of Dr. Eugenio Fazio. The subjects to be dealt with are as follows:—Biology, bacteriology, infection and sanitary police, the natural sciences as applied to public health, demography, statistics, and sanitary engineering. We are glad to find that the Review will emanate from Naples; for the southern portion of the Italian peninsula stands, we fear, much in need of an educational movement in the direction of hygiene. For this reason, too, the Review has our good wishes.

ALLEGED POISONOUS EFFECTS OF TOBACCO SMOKE ON MEAT.

CASES of poisoning due to meat which seemed thoroughly wholesome have sometimes occurred and have remained unexplained. In the *Revue d'Hygiène* of this month M. Bourrier, inspector of meat for the town of Paris, makes a valuable suggestion. He describes his experiments with meat impregnated with tobacco smoke. Some thin slices of beef were exposed for a considerable time to the fumes of tobacco, and afterwards offered to a dog which had been deprived of food for twelve hours. The dog, after smelling the meat, refused to eat it. Some of the meat was then cut into small pieces and concealed within bread. This the dog ate with avidity, but in twenty minutes commenced to display the most distressing symptoms, and soon died in great agony. All sorts of meat, both raw and cooked, some grilled, roasted, and boiled, were exposed to tobacco smoke and then given to animals, and in all cases produced symptoms of acute poisoning. Even the process of boiling could not extract from the meat the nicotine poison. Grease and similar substances have facilities of absorption in proportion with their fineness and fluidity. Thus the fats most readily influenced by tobacco smoke are, in their respective order, the fat of horseflesh, of pork, of veal, of beef, and finally of mutton. Hashed meat is, of course, more readily affected than large pieces; thus, a few puffs of smoke directly projected on to sausage meat will give it a characteristic and unpleasant taste. The juices of meat are equally dangerous. The juice squeezed out of some veal perfectly saturated with tobacco smoke was injected into a rabbit, and death resulted in a few moments. Fresh-killed meat is more readily impregnated, and stands in order of susceptibility as follows—pork, veal, rabbit, poultry, beef, mutton, horse. The effect also varies considerably according to the quality of the tobacco, and the end of a cigar or a pipe has the most injurious effect on any meat that may be exposed close to the smoker. A few jets of smoke from Belgium tobacco on a dish of raspberries will suffice to entirely destroy the delicate flavour of the fruit and to render it uneatable. All these experiments would seem to denote that great care should be taken not to allow smoking where foods, especially moist foods, such as meats, fats, and certain fruits, are exposed.

THE ARRAN MURDER.

THE author of this peculiarly atrocious crime has been found guilty by a majority of the jurymen who tried the charge against him. The justice of this verdict will be acknowledged generally by those who have read the evidence tendered in the High Court of Justiciary at Edinburgh. The motive for the crime may seem at first sight quite inadequate, but then it must be remembered that such is frequently the case, whether a murder is committed of malice aforethought or in the heat of passion. The annals of our criminal courts vouch for the accuracy of our present contention. Of course where there is no direct evidence the circumstantial testimony requires to be all the stronger in order to warrant a conviction on the capital charge. Contradictory medical evidence was given as to the method of infliction of the wounds on the head. In our opinion the medical witnesses for the prosecution decidedly failed to show beyond reasonable doubt that Laurie despatched his victim by a series of blows. The injuries as detailed at the trial might have been received from impact of the head against boulders or crags in a headlong descent down the precipice. The fact of the liver not being ruptured is, to our minds, of little value as an aid in determining the mode in which the cranial fractures were inflicted, because laceration of the abdominal viscera would probably be accomplished almost as easily in a body recently

dead as in the living. If the body alighted on the head, this at once would account for the fractures and give a trustworthy explanation of the abdominal viscera escaping serious mischief—the rebound of the liver, e.g., would be against the diaphragm, and not from it; moreover, it would be considerably checked by the buffer action of the lungs. We trust that the jury were convinced of the crime rather by its concomitant circumstances than by the opinions of the medical men who gave evidence as to the particular way in which the deceased lost his life. As pointed out by a contemporary, the fact that Laurie, whilst confessing himself guilty of robbing Mr. Rose, disclaimed any participation in his death, is not consistent with the fact that the body was discovered carefully concealed. Had the trial taken place in England there would have been a greater chance of justice being thwarted, since it is a *sine quâ non* that the verdict shall be that of all the jurymen. In Scotland, on the other hand, the finding of a majority of fifteen is accepted and acted upon. Since the above was written it has been announced that the convict Laurie has been respited.

PROFESSOR NUSSBAUM ON RECOVERY AFTER WOUNDS AND OPERATIONS.

PROFESSOR NUSSBAUM has found that a very good prognosis of the healing of surgical wounds can be obtained by examining the secretion from the surface during the first two or three days. If this be sanguinolent, prognosis is more or less bad. Care must be taken not to confound any slight after-bleeding with true sanguinolent secretion. The prognosis is only bad where the secretion from the whole surface of the wound is tinged with blood. Thus, when a day after a litholapaxy has been performed the urine is quite free from a reddish tinge the prognosis is good, or if two or three days after the amputation of a breast when the dressing is changed there is no general sanguinolent stain on the latter, but only, may be, a few little blood-clots here and there, it is most likely that the wound will heal satisfactorily. Again, if the secretion becomes free from blood on the fourth or fifth day, the prognosis, though not quite so satisfactory as if there had been none at all after a few hours, is still decidedly better than if it continues bloody up till the sixth or eighth day. In such a case the patient is sure, if he recovers at all, to be very slow about it. In phthisical persons and hard drinkers there is nearly always a great tendency to a prolonged secretion of sanguinolent matter after wounds, and sometimes the tinge remains throughout the healing process, which is in these cases very tedious. When the secretion on the first day is free from blood, it shows that the capillaries are closed, and therefore that the intracapillary pressure is normal. Again, it is evident that when the intracapillary pressure is low the endosmose and the exosmose between the vessels and the tissues cannot be taking place properly, and thus that the due healing of the wound cannot be expected to proceed as it ought.

THE SUPPLY OF SUBJECTS FOR DISSECTION.

ON the 21st inst., at a meeting of the Paddington Board of Guardians, a resolution was carried permitting the corpses of friendless or unknown paupers dying in the Paddington Workhouse Infirmary to be used for purposes of dissection at the anatomical schools. The number of subjects at present in the dissecting-rooms is less than the supply for many past years, and we are glad to see that another source of supply has become available. The recent regulation of the Conjoint Examining Board requiring every student to have performed operations on the dead subject has undoubtedly very seriously affected the supply for anatomical teaching.

THE SURGEON OF THE EMIN RELIEF EXPEDITION.

MR. STANLEY, in his thrilling letters descriptive of the circumstances attending the relief of Emin Pasha, passes a glowing eulogy upon the services rendered by Mr. Thomas Heazle Parke, L.K.Q.C.P., L.R.C.S.I., of the army medical staff. Whilst the followers of Emin Pasha, together with their families and *impedimenta*, were being slowly and laboriously collected at Stanley's camp near Wadelai prior to the march to the coast, the interval was utilised by Surgeon Parke ("our doctor," Mr. Stanley calls him) in "healing the sick and assiduously dressing and trimming up the ulcerous ready for the march to Zanzibar." What those services were may best be given in Stanley's own words, which are as follows:—

"At this time the hardest-worked man in the expedition was our surgeon. Ever since leaving Fort Bodo in December Surgeon Parke attended over a hundred sick daily. There were all kinds of complaints; but the most numerous, and those who gave the most trouble, were those who suffered from ulcers. So largely had these drained our medicine-chests that the surgeon had nothing left for their disease but pure carbolic acid and permanganate of potash. Nevertheless there were some wonderful recoveries during the halt of Stairs' column on the Ituri river in January. The surgeon's 'devotion'—there is not a fitter word for it,—his regular attention to all the minor details of his duties, and his undoubted skill enabled me to turn out 280 able-bodied men by April 1st, sound in vital organs and limbs, and free from all blemish; whereas on Feb. 1st it would have been difficult to have mustered 200 men in the ranks fit for service. I do not think I ever met a doctor who so loved his 'cases.' To him they were all 'interesting,' despite the odours emitted and the painfully qualmish scenes. I consider this expedition in nothing happier than in the possession of an unrivalled physician and surgeon, Dr. T. H. Parke, of the A.M.D."

That Surgeon Parke had no sinecure may be judged from the following passage describing the sufferings on the march:

"Nothing happened during the long journey from the Albert Lake to cause us any regret that we had taken this straight course, but we have suffered from an unprecedented number of fevers. We have had as many as 150 cases in one day. Aukori is so beswept with cold winds that the expedition wilted under them. Seasoned veterans like the Pasha and Captain Casati were prostrated time after time, and both were reduced to excessive weakness like ourselves. Our blacks, regardless of their tribes, tumbled headlong into the long grass to sleep their fever fits off. Some after a short illness died; the daily fatigues of the march, an ulcer, a fit of fever, a touch of bowel complaint, caused the Egyptians to hide in any cover along the route, and, being unperceived by the rearguard of the expedition, were left to the doubtful treatment of natives with whose language they were utterly ignorant. In the month of July we lost 141 of their number in this manner."

We conclude with an extract from the latest communication received from Mr. Stanley, written at the Missionary Station, Victoria Nyanza, and bearing date Sept. 3rd. Speaking of the period at which the final arrangements were being concluded for the bringing away of Emin Pasha, Captain Casati, and the others, Mr. Stanley says:—

"Since that time of anxiety and unhappy outlook I have been at the point of death from a dreadful illness. The strain had been too much, and for twenty-eight days I lay helpless, attended by the kindly and skilful hand of Surgeon Parke. Then little by little I gathered strength and ordered the march for home."

We heartily congratulate Mr. Parke upon his safe deliverance from the perils and fatigues of this marvellous expedition—an expedition which will for ever live in history.

THE INDIAN MEDICAL SERVICE.

WE learn that the Indian Medical Service is somewhat agitated at the present time about a recent order affecting the position of those officers who are in civil medical employ. The condition of affairs, so far as we have ascertained, is as follows. The Indian Medical Service, although it is nominally and primarily a military service, includes a civil medical service, officers being lent to the local governments by the Military Department for that purpose, with a tacit understanding that they can be recalled for military duty when required. The civil section of the service is not only the most lucrative, but it holds out the greatest opportunities of professional distinction—in connexion, for example, with professorships at the medical schools and colleges and appointments as civil surgeons at large stations. It seems that it has hitherto been the usual practice in India not to remove men from such civil posts to military ones, and members of the Indian Medical Service engaged in civil duties had the privilege of declining military promotion in order to pursue a career which suited their tastes; and, it must in justice be added, the custom appears to have worked well for the State and the medical service: for the former, in that excellent professional work was performed by individual medical officers in their several spheres, and medical education and training were, through the instrumentality of the colleges, introduced and carried on among the civil population; and for the latter, in that it served to keep up a high standard of professional attainments among members of the medical service. A recent order requires, however, that a medical officer in civil employ must accept his promotion when it comes to his turn, and take up, or go back to, military medical or administrative work, or, we presume, as the only alternative, resign the service altogether. It is easy to see that the incidence of such a ruling, if suddenly and arbitrarily introduced, might inflict grave injury on individuals, while it might not be productive of any good to the State; inasmuch as it probably would be taking away a medical officer from duties which he liked, and discharged efficiently, to perform others of which he was ignorant, and which he disliked. Looking at it, however, from an unbiased stand point, it seems clear that individual hardship must give way to public service requirements; and the question which arises is whether the subject had been thoroughly weighed and considered, not by any local government, but by the Viceroy in Council, before a decision was finally arrived at. The case is one, in our opinion, which should be considered on its merits, and settled entirely on public service grounds. The Government clearly has the first claim on the services of its servants; and if this theory has been in practice departed from in the past, a reversion to it in the present should be effected after due consideration on the one hand and fair notice on the other; but of the power and right of the State in the matter we apprehend there cannot be much doubt.

A TAX ON REVOLVERS.

MOST of us will cordially agree with Mr. Justice Wills that some legislative measure is called for in order to control the now too common habit of carrying revolvers. Whatever may be said in favour of this practice as employed in unsettled communities, it is certain that in our own and many other civilised countries its palpable disadvantages cannot be counterbalanced by any sufficient argument founded on personal necessity. In our usual condition of regular and busy life under the ægis of laws justly and firmly administered the risk of personal assault is reduced to a minimum. Fortunately, too, such danger when it does happen to be encountered still retains for the most part a relatively safe if clumsy alliance with muscular energy pure and simple, which had best be met, if it must be met, with a like manly simplicity in the choice of methods. Among ourselves, therefore, we repeat that self-defence hardly ever needs or justifies the use of the revolver. It is a remarkable fact that in the great majority of instances in which this weapon has of late found occupation it has figured as an instrument of offence. It has not been used on the persons of depredators; nor, indeed, has it hitherto been much employed by such in their attacks on the person or on property, although instances are unfortunately by no means wanting, but it has often been too near at hand when passion or malice sought active expression. It has come to be in our national experience no safeguard of already protected lives, but a mere mischievous luxury of evildoers. To control its too common use by a legal check is therefore a clear duty, and one which, in our opinion, would be best discharged by the imposition of a heavy tax.

THE PATENT MEDICINE ACTS.

THE chemists of Northumberland and Durham have addressed themselves to the discussion of the administration of these statutes from the point of view of the chemist, with, as it seems to us, very good effect. In February last they held a trade meeting, and authorised their chairman to enter into communication with the Board of Inland Revenue for the purpose of arranging, if possible, to have some uniform and easily intelligible rule laid down by which the department and the trade might both abide in reference to the incidence of the tax. The result has now been published in the form of a *brochure*, and serves to show that the department is but little disposed and no better able, perhaps, to minimise the inconvenience of the peculiarly harsh impost which it is employed to collect. The tone in which the revenue officer writes is calculated, whether intentionally or not, to produce the impression that no yearning desire existed in the official breast to meet the reasonable demands of the trade; but we judge that the ineptitude of the following remark must be ascribed to faults of the head rather than of the heart: "The use of the possessive case in the title or description—'Dale's Plaisters'—clearly puts the article forwards as proprietary." This mistake on the part of the authorities was the more inexcusable because in the letter to which this was a reply the representatives of the chemists had explained, what no doubt is perfectly well known at Somerset House, that "Dale's Plaister" is an article largely sold in the north of England in penny rolls, whose composition is well known, and the labels of which claim no secret art in making and no exclusive right to make. The broad proposition that the use of the possessive case imparts a proprietary claim is absolutely childish. Who is there that has not heard of Bright's disease or Newton's rings or Van Diemen's Land, or hundreds of similar phrases in which the possessive case is used to convey a reference to some discovery or description, and without the smallest allusion to proprietary rights? It is not surprising that, applying such very loose principles, the department should have lapsed into some curious inconsistencies. Several striking instances of such inconsistencies are given in the pamphlet. Labels which have been tendered to the Commissioners for their opinion have been pronounced on one date to be liable, and on another date—perhaps a few days or weeks later—to be not liable to duty. Such a state of the law or of its administration, for it matters not which is to blame, is plainly indefensible. The committee has done excellent work in collecting the materials for their manifesto and putting them together in the very telling form in which they now appear; and, if they are adequately supported in the undertaking which they have so efficiently put in hand

by those who are interested in their success, there can be no doubt that the result, at no distant date, will be such an amendment of the Medicine Stamp Act as will remove the most irritating grievances under which chemists suffer at the present time, even if it be not the total repeal of this most mischievous impost.

VIEWS OF THE BELGIAN MEDICAL FEDERATION.

THE Belgian Medical Federation, which has just been in session, has been discussing several questions relating to medical legislation, a good deal of time being spent upon the apparently interminable disputes between the medical and pharmaceutical professions. A series of propositions were made by M. Martin in a vigorous speech, which was received with universal satisfaction, the propositions being unanimously carried when put to the vote. Of course the chief cause of complaint was the overcrowding of the profession, the speaker remarking that a large number of young men of no particular ability, and belonging to the artisan and lower middle classes, were crowding into its ranks just because they had an idea that the study and the practice of medicine was a nice, light sort of work. The only way to stop this influx was to insist, as preliminary to medical study, upon a very complete classical education, with a good knowledge of modern languages, so that there should be at the very outset a "barrier impassable to mediocrity." Not only would M. Martin and the Federation have the preliminary and professional studies of medical students very materially increased in difficulty, but also those of the pharmacists. They, too, suffer as much from overcrowding as the doctors, and it is because of that that there is always such a tendency to trench on the ground of the latter by doing more or less of a prescribing business. Referring to the usual excuse made by pharmacists when charged with prescribing—viz., that this is only a reprisal for the way in which certain doctors trench upon the pharmacists' domain by dispensing their own medicines, M. Martin pointed out that the dispensing doctors, at all events, were acting within their legal rights, which the prescribing chemists were not doing, also that most of those doctors who have the privilege of dispensing prefer to forego it when it is possible for them to exist without it, those that still exercise the *cumul* or privilege of making up their own medicines being nearly always in practice in very poor places, where, moreover, the country people are so ignorant that they could not be got to understand that anything except a bottle of physic was worth paying for at all. Another very important matter is to forbid chemists repeating prescriptions containing poisons except on the authority of a doctor. M. Martin remarked that, in order to show how differently such matters are conducted in Germany, he might mention that he had just been shown a prescription containing bismuth and one-fourteenth of a grain of morphia which a patient had tried in vain to get made up in four chemists' shops in Aix-la-Chapelle.

A JURY OF MATRONS.

AT the Lancashire Assize Mr. Justice Grantham sentenced to death a young woman named Jane Jones, aged twenty-five, a domestic servant, for the wilful murder of her child by drowning it at Fleetwood. After sentence of death was passed a jury of matrons was empanelled, and found that the woman was *enceinte*. It is, in our opinion, high time that an alteration was made in the law, which is simply a barbarous survival. What would be said if a jury of lay*men* were to be asked to decide whether a prisoner were suffering from pneumonia or from granular kidney? And yet the diagnosis of pregnancy often presents even greater difficulties. We are not aware whether on this occasion a medical man was smuggled in as a "young gentleman not objected to"; but in any case the jury of matrons is a farce, and we think that in these days none but the ignorant and uneducated would fail to recognise this. Fortunately, in our experience matrons generally believe in pregnancy in doubtful cases, and the result probably is that non-pregnant women get respited on false pretences rather than that pregnant women get hanged; but that is not to the credit of the law.

THE HAMPDEN CLUB.

LAST WEEK the enlargement of this club was celebrated by a *réunion*, at which a number of persons, including the local member of Parliament, the founder, Mr. Alderman Gibb, and others were present. The club has so fully met the requirements of medical and legal students that a reference to it finds an appropriate place in our columns. Situated in close proximity to the St. Pancras Railway station, it is within easy reach of University College and other medical schools. It provides an excellent home for those who need accommodation of a better kind than that which is to be found in lodgings, and, what is not less important, at a much lower cost. Members pay a subscription fee of one guinea per annum, and a good bedroom is to be had for from 7*s.* to 10*s.* 6*d.* per week; an excellent table is kept, and, including everything except the charge for washing personal linen, the total charge is £1 6*s.* 8*d.* per week. The residents for this small sum have the use of the bedroom, dining-room, a reading-room well supplied with newspapers and periodicals, lavatories, and bath-room; and the wants of students with special tastes are met by the provision of a studio, gymnasium, and tennis court. Opportunities are given to the residents for joining different societies in which the members take part; thus there is a society which devotes itself to physical exercise, another to the cultivation and practice of music and the drama, a third is a debating and lecturing society, while a fourth has for its object the study of mind, morals, and religion; so again, there are societies for the sciences, for literature, for commerce, for medicine, and for law. There is therefore everything within the four walls of the club which gives the resident opportunity for following the bent of his own mind, and for enjoying at the smallest cost every comfort of home life. This club, which has been established for several years, is only just beginning to be more widely known, and is well deserving the attention of students coming to the metropolis for their studies.

A CHEMIST'S VIEW OF ANTIPYRIN.

WHILE medical men are cautiously feeling their way to the safe use of antipyrin, chemists seem to be going ahead with it. At least, this seems to have been the case with the chemist's assistant at Southport, lately censured for giving four powders of twelve grains each to a servant who went for something for the headache. She took away in all forty-eight grains, and was told to take one powder every hour and a half. There is something very simple in his account of the case, which we must reproduce from the report in the *County News and Chronicle:* "He remembered the deceased going to the shop on a Saturday night. She said she had a headache, and she asked for some powders to cure it. Witness gave her antipyrin, and told her she must take it every hour and a half whilst the pain was so bad." The manufacturers' label was produced, warning the dispenser or retailer against large doses, and saying, "It should be borne in mind that antipyrin is to be taken upon prescription and under medical care." It was also said by the manufacturers that "in cases with weak

heart it should be given with watchful care." But the chemist's assistant said "he knew the effect of the powder. He had had eighteen months' experience. It was a very light dose indeed." The deputy coroner dissented from this view, and said "twelve grains was a large dose to be administered when you knew nothing of the constitution." The girl, as our readers may have seen in the papers, took one or two powders at ten o'clock at night. About six next morning she got up to vomit, and went to bed again. At nine she was found unconscious, and expired very soon. Dr. Gordon found a tumour in the brain, to which absolutely he attributed death, and not to the antipyrin. For the dispenser's sake we are glad that he should be so far relieved of responsibility in this case. But we acquiesce in the censure administered to him by the jury and the coroner, and in their view that he had no business to prescribe antipyrin in this way without written instructions and without any prescription from a medical man. We are sorry to see letters in the local papers justifying chemists in such doses and uses of the drug. All we can say is that coroners and juries will very much fail in their duties if they do not condemn such random practice by those whose business it is to dispense and not to prescribe such medicines.

THE BELGIAN MEDICAL BILL.

THE Belgian Medical Federation which, as we have previously mentioned, has been engaged in discussing the Bill which is to be submitted to Parliament dealing with medical matters, has now issued a short statement including the motions agreed to by the members, together with a few remarks. The Federation wishes medical students to be obliged, before commencing their professional studies, to take a university degree in Arts, or, at all events, to have passed an examination corresponding to the "little-go," or to an intermediate examination of English universities. The Bill as it stands provides that candidates shall either produce evidence of having attended satisfactorily a five years' course of "Humanities," including rhetoric, or pass an examination before a jury nominated by the Crown. The Federation thinks it would be far better that all should pass the examination, whether they have been to a classical school or not. As to the professional examinations for the licence to practise the Federation wish that the old system which was in vogue before 1876 of having a central jury composed of professors from the four universities should be returned to. The present plan of allowing a professor to examine his own students alone at any hour suitable to himself—midnight being occasionally, it is said, selected,—is, according to the Federation, very unsatisfactory. The fact that a larger number of candidates are rejected now than formerly is accounted for in the preamble to the Bill by the supposition that the examinations are more severe than they used to be; but the Federation thinks that the failures are to a considerable extent due to the incapacity of the students for assimilating the instruction given, owing to their want of preliminary education. The question of giving foreigners a licence to practise is of course a serious one for the Federation, which does not hesitate to declare that foreigners ought to be obliged to pass the same examination before the central jury as Belgian students. Dentists are looked upon by the Federation in the light of specialists—much as ophthalmologists, aurists, &c.—and ought, they think, to be obliged to pass the examinations for the doctorate in medicine like everyone else. At present it seems that the dentists have to pass their examinations before the provincial medical boards, which are composed of medical men who are not dentists, and who, of course, are by no means specially fitted to judge of the knowledge of dental science possessed by the candidates. The Federation is at one with most of the authorities in this country on the subject of the necessity for a more practical training for medical men about to enter on practice than that which is obtained for the purpose of passing examinations. The system of keeping assistants is probably but little known in Belgium, and so there seems to be no question of obliging students to pass through any kind of apprenticeship to general practitioners. Instead of this, the Federation suggests that after a student has passed all his examinations he should be required to go through a year's extra work in some home or foreign hospital.

SECONDARY HÆMORRHAGE AFTER EXTRACTION OF TEETH.

MR. PILLIN, in a recent issue of the Journal of the British Dental Association, relates five cases occurring in his practice of secondary hæmorrhage following tooth extraction. Three of the patients were members of the same family, but it is not mentioned whether there was any history of hæmorrhagic diathesis. The cases are interesting on account of the length of time elapsing between the operation and the hæmorrhage. The first, a man aged twenty-eight, had profuse bleeding commencing on the fifth day; a brother, aged thirty-one, notwithstanding the sockets were plugged immediately after the extraction, on the eighth; and a sister, twenty-five years of age, also on the eighth day. Of the two other cases hæmorrhage occurred on the third and fifth days respectively. The treatment adopted successfully was plugging the sockets with cotton-wool saturated with tincture of perchloride of iron, and adapting over this a plate made of Stent's composition, lined with a mixture of tannin and gum tragacanth. Stent's composition is a preparation used by dentists for taking models of the mouth. It is harder than wax at the temperature of the body, and not so flexible as gutta-percha, and therefore makes an accurately fitting and easily applied plug, and can be readily retained in position by keeping the jaws in contact by an ordinary four-tailed bandage.

THE TOUCH OF NATURE IN RELIGION.

MANY persons who cannot clearly discern the spiritual aspect of a creed, however true, or mark its function as a mould of conduct, can fairly gauge its practical result. Its nearest human interest consists in what it can do for the individual. Does it help, relieve, or cheer him; does it, in a word, exert a kindly influence upon him, or the reverse? According to its humanity it evokes that quality of mercy or sympathy which somewhere lives in every human mind, and is its essential means of intercourse with other minds, even without the aid of articulate language. It is this quality which forms the very soul and character of true religion, which constitutes at once its brightest attraction, its wisest resource, and its most powerful aid in times of perplexity and of danger. It was therefore a shrewd as well as a benign intention which first associated with missionary enterprise the sensible blessing of medical skill. There can be no doubt that the influence which has been exercised in later times by the former agency has been greatly aided by this beneficent connexion, and there is evidence also to show that it has gained from the same union a means of appeal which has availed it in times of popular passion. We need not go back to the Pauline era for illustrations. Such recent experience as that of a Chinese mission will suffice for our present purpose. It is reported that during the late disturbances in Southern China consequent upon the French expedition to Tonquin, a small Wesleyan mission station at Fatshan was at the mercy of a riotous mob. The chapel was wrecked. The hospital

for days was menaced and was hourly expected to fall, but here for the first time the rioters appeared to hesitate. Some of the sick were removed before their eyes, others they knew could not leave the building. They constantly threatened the assault, yet the blow never came, and amid their angry menaces the doctor was allowed to pass freely to and from the hospital. A finer touch than that which compelled a kindred feeling between this rabble and its foreign benefactors does not exist in nature. The Chinese mob probably did not include many acute controversialists in theology, but it did as a whole recognise the presence of that charity which is rightly regarded as the essence of religion.

THE FRENCH ARMY MEDICAL SERVICE.

WE have received a copy of the Report of the Commission charged with the duty of examining the Bill having for its object the giving a complete autonomy to the Military Medical Service, and of the proceedings of the Chamber of Deputies and the Senate which ended in its adoption. The object of the Bill was to remove from the Intendance the duty of providing supplies of all kinds for the military hospital and the authority over the staff, including the purveyors, quartermasters, and orderlies, and to give "the Medical Service the entire disposal of the members of its staff, and of the means necessary for the performance of their duty; to endow them, in a word, under the military authority, with an autonomy as complete as that of the artillery and engineers." This appears to be the final settlement of the struggle which has for years gone on between the Intendance Militaire and the medical officers, and we sincerely congratulate the latter on the result. The Medical Department appears now to be put on the same footing as in our service as regards the supplies for the hospitals and the command of the hospital staff and attendants, as well as the transport and the soldiers temporarily attached to it for duty. The subordination of the medical officers to the Intendance Militaire has long been a subject of complaint and great dissatisfaction in the French army. It is now removed, never again, we trust, to be adopted.

SMALL-POX AND THE EMIN RELIEF EXPEDITION.

"AFTER moving from this place ten days passed before we reached another plantation, during which time we lost more men than we had lost between Banalya and Ugarrowwa's. The small-pox broke out among the Manyema and their followers, and the mortality was terrible. Our Zanzibaris escaped this pest, however, owing to the vaccination they had undergone on board the *Madura*." The foregoing is an extract from the interesting letter of Mr. Stanley published this week, and we commend it to the notice of the anti-vaccinationists.

THE MUZZLING OF DOGS.

THE opponents of the muzzling order lately enforced in the metropolis assembled at a meeting convened by the Dog Owners' Protection Association, at the Westminster Palace Hotel, last Tuesday. The Bishop of Ely occupied the chair, and it was proposed to consider the advisability of asking the Minister of Agriculture to receive a deputation on the subject. The chairman denied the imputation that had been circulated that the meeting was one of anti-vivisectionists. Mr. Candy moved a resolution advocating the withdrawal of the muzzling order, which was seconded by Mr. Haughton; but Professor Horsley, who was present on behalf of the Society for the Prevention of Hydrophobia, succeeded in carrying an amendment approving of the regulations. Professor Horsley's remarks were based upon the good effects resulting from muzzling in other countries, notably Germany, where hydrophobia had been practically extinguished. Nevertheless, to be effectual such regulations ought to be made applicable to the whole country. The meeting in question proved too turbulent for the calm discussion of the question, although it is satisfactory to find that common sense prevailed in the end.

THE NEW ANTISEPTIC.

IN a letter published in the *Pharmaceutical Journal*, Mr. D. B. Dott of Edinburgh casts some doubts upon the composition of the "so-called double cyanide of mercury and zinc," which recently formed the subject of a communication from Sir Joseph Lister. He remarks that it is an almost invariable rule that when a soluble and an insoluble cyanide or iodide unite to form a double salt the product is soluble. He thinks, therefore, that it is not surprising to find that the new antiseptic salt, which has been prepared in presence of, and been washed with water, consists essentially of zinc cyanide. He says: "The product is not indeed a double salt at all. We know that oxide of copper which has been precipitated by caustic soda retains a certain amount of alkali which cannot be washed out; so in like manner the cyanide of zinc may retain a small proportion of mercuric cyanide. If the double cyanide is really formed in the first instance, it is certainly almost completely decomposed by the subsequent treatment with water. It is just possible that the mercury is not present as cyanide but as oxysalt or oxide, especially if an alkaline double cyanide is used at the outset."

A HOUSEHOLD MAN-TRAP.

IT would be somewhat difficult to design a simpler or more perfect means of inflicting most serious injury on the casual passer-by than the ordinary unfastened coal-plate, with which we are all familiar. Laid over an opening sufficiently wide to admit the foot, placed in the very middle of the pavement at our doors, too often not properly secured, and liable to be moved by any chance of accident or childish mischief, its mere description is enough to picture the miseries of aggravated fracture. Happy the man who, stepping in fog or darkness within its treacherous edge, escapes with less than this degree of hurt. It is needless to rely on householders to prevent the occurrence of accidents due to this cause. In spite of all ordinary care they are themselves as liable as any to suffer on the very threshold of their homes. The fault is not theirs alone or even chiefly. It is in the primary thoughtlessness which allowed the use of so dangerous a convenience, and it is a matter as much for municipal as for private inspection and amendment.

THE HOT-AIR TREATMENT OF PHTHISIS IN ST. PETERSBURG.

DR. KORKUNOFF communicates to the *Vrach* on account of some trials he has made in Professor Koshlakoff's clinic with the inhalation of hot air as a treatment for phthisis as recommended by Dr. Weigert of Berlin. The cases selected were chiefly those where the tuberculosis had affected the upper parts of the lungs or the laryngeal tissues, the author thinking that, whatever might be the temperature of the hot air, by the time it had penetrated to the more remote parts of the pulmonary substance it must at least reach the larynx without much cooling, so that if the inhalation of heated air is capable of exerting any influence on the tubercle bacilli a throat case presents the most favourable opportunity for testing its power. Unfortunately, however, though the treatment was tried with every precaution, and though it was persevered in for many weeks, it wa

impossible to see that any good effect had resulted, several of the patients succumbing to the disease, and the others showing no signs of any real improvement.

CAROTID ANEURYSM.

ON Saturday last, Mr. Rose, in the theatre of King's College Hospital, tied the right common carotid artery for an aneurysm at its bifurcation in a man aged twenty-five. The vessel was exposed just at the crossing of the omo-hyoid, and one of the features of the operation consisted in placing two ligatures with an interval of half an inch and dividing the artery between them. The ligature used was three strands of fine sulpho-chromic gut, kindly provided by Sir Joseph Lister. The latest accounts of the patient's condition is most satisfactory; the sutures were removed on Wednesday, the fourth day, the wound was healed and covered with a collodion dressing. It was interesting to observe on cutting through the artery that the confined blood had already firmly coagulated. We hope in a short time to furnish full particulars of this interesting case.

INFLUENZA IN ST. PETERSBURG.

AN epidemic of influenza of considerable intensity is at present prevailing at St. Petersburg, causing much inconvenience to business, the stoppage of work in factories, and the disablement of the garrison. It is calculated that between 20 and 30 per cent. of the entire population are affected, and comparisons are being made with other epidemics recorded in history. As the tendency of this disease is to become pandemic, it is possible that we may soon hear of its extension to other parts of the Continent. The last time it appeared in any marked degree in England was in 1847, when in London alone it was computed that 250,000 persons suffered. This epidemic was fully described by the late Dr. T. B. Peacock.

CHOLERA IN PERSIA.

THE cholera which has for some time past prevailed in the valley of the Euphrates and Tigris and in many parts of Mesopotamia is stated to be still spreading in Kermanshah. It is also prevalent in Khorremabad and Hamadan, and is extending in an easterly direction over the frontiers of Persia.

FOREIGN UNIVERSITY INTELLIGENCE.

Bonn.—Professor R. Anschütz has been made one of the directors of the Chemical Institute. Dr. H. Klinger has been raised to the rank of Extraordinary Professor, and is to lecture on pharmaceutical chemistry, toxicology, and the chemistry of food.

Greifswald.—Dr. Bramann of Berlin was offered the Professorship of Surgery, but declined it. The names now mentioned as selected are Dr. Witzel of Bonn, Dr. Landerer of Leipsic, and Dr. Hoffer of Nürnberg.

Marburg.—An invitation to teach aural surgery has been addressed to Dr. Walb of Bonn, but has just been declined by him.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. H. Quiqueretz of Vienna, prosector of the Wieden Hospital. Professor Bonnemaison of Toulouse. Dr. Tytus Chalubinski, Professor of Medicine in the University of Warsaw.

DR. HANS VIRCHOW, son of the well-known professor, has been appointed Extraordinary Professor in the Berlin University, in recognition of his eminence as an anatomist.

WE regret to announce the death, which took place recently at Ramsgate, of Mr. Henry James Wolfenden Johnstone, F.R.C.S.Eng., in his eighty-second year. The deceased was educated at Westminster School and at St. George's Hospital, where he subsequently became house surgeon and teacher of anatomy. He had at one time a large practice, and was a frequent contributor to the medical press, and was joint editor with his father of the *Medico-Chirurgical Review*. At the early age of forty, however, his health broke down from frequent attacks of suppressed gout, and he retired from practice. In recent years Mr. Johnstone resided at Ramsgate, and took part only in local affairs.

PROFESSOR MANTEGAZZA of Florence has, with the sanction of the Minister of Public Instruction, projected a museum of all the documents, the chemical or artistic contrivances, and relics which serve to illustrate the passions of mankind—superstition, idolatry, patriotism, luxury, vanity, being among these latter. Contributions, including autograph letters, and personal articles of famous and notorious characters, already form the nucleus of a collection which cannot fail to interest the student of mental pathology. The museum will be opened next midsummer.

THE second annual conversazione of the British Nurses' Association will be held on Friday, Dec. 6th, at 9 P.M., at the Princes' Hall, and in the galleries of the Institute of Painters in Water Colours, Piccadilly, the concert taking place in the Princes' Hall at 10 P.M. As only a limited number of tickets are available, early application should be made to the Secretary, 8, Oxford-circus Avenue, Oxford-street, London, W.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

TUESDAY, NOV. 26TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

THE new members of the Council, Dr. W. S. Church (University of Oxford) and Dr. D. MacAlister (University of Cambridge), were introduced, and the official notifications of their appointment read.

The PRESIDENT then delivered his opening address as follows:—The inevitable law of change which affects all human institutions has found expression in our recent losses by the death of Dr. Chambers and the resignation of Dr. Humphry. Dr. Chambers leaves behind him many kindly memories, and a reputation for zealous persistency in any cause in which he was interested. I may chronicle here his uncompromising hostility to the acknowledged evils of unregulated "covering" and the "improper employment of unqualified assistants." It was his vigorous exposure of those blots in the practice of a few members of our profession which contributed so largely to the decision of the Council, not only to condemn them, but to endeavour to wipe them out. It would be difficult to name any department of the work of this Council in which Dr. Humphry has not rendered his steady and helpful service. During twenty years of continuous attendance at our meetings, he has shown a constant energy and sagacity which have contributed much to the deliberations and decisions of the Council and its Executive Committee, of which, as well as of other committees, he was an indefatigable member. We rely upon the newly appointed representatives of the Universities of Oxford and Cambridge to maintain on their part the reputation of their esteemed predecessors. I am pleased to report that THE LANCET Relief Fund, of which, with your sanction, I am an Almoner,

has done and is doing good work in the opportune relief of distress occurring in the ranks of our profession. The two questions referred to in my last address, relating to the President as your official representative—viz., that of his relative precedence on public occasions, and that of his nomination on the Government Grant Committee—remain for the present undecided. The Secretary of State for War has admitted the claim of the recently made Licentiates of the Society of Apothecaries of London, supported by me as your representative, to compete for service in the army and navy on the same terms as other registered practitioners. During a visit to the Engadine this autumn I was called on to listen to accounts of the well-known grievance complained of by the holders of British medical qualifications engaged in practice amongst their own countrymen and countrywomen in Switzerland. For from this natural and sometimes imperative duty when difference of language exists they are prohibited, unless they have passed examinations suited admirably no doubt for native requirements, but not adapted to the purposes of an English-speaking physician or surgeon practising solely amongst English-speaking invalids. I was informed that even the renewal of special local licences, already granted temporarily, with an understanding of annual renewal, had been delayed so long as almost to imply a refusal. But a decision on this question rests entirely with the Swiss medical authorities; and it is to be hoped that sooner or later the undesirableness of their action, in the interests of their own country, will lead them to redress this grievance as regards English-speaking visitors and their medical attendants. It is obvious that the principle of reciprocity imported into the Medical Act of 1886 meets at present with no response in foreign countries; but it is hard to have to admit that foreign members of our profession, who are responsible for this matter in their capacity of local sanitary authorities, should oppose obstacles, as I am informed they do, to the granting of a limited number of special licences, and this contrary to the wishes, not only of their numerous and profitable visitors, but, as I understand, of the hotel-keepers and tradespeople, and likewise of the central and communal authorities. From recent information, it would appear that in France also permission for English or other foreigners to practise amongst their respective compatriots will be made the subject of special vigilance. The Registrar, in accordance with my wishes, has availed himself of a special means of detecting and correcting inaccuracies in the addresses of medical practitioners and dentists on our several Registers. The result has been the issuing of about 9000 letters of inquiry, in the respective forms prescribed by the Medical and Dental Acts, to 4000 medical and 5000 dental practitioners, followed by 600 supplementary inquiries. It is to be regretted that so many persons neglect an obvious duty to themselves by leaving uncorrected a change of their address on an authorised public register. The omission to do this may render them liable to inconvenience or actual loss, from want of legal proof of their identity and rights. Besides the above-named exceptional effort to attain registrational accuracy, the usual autumnal advertisements on this subject have appeared in the medical journals. In the immediately forthcoming work of the session, the Council will be called upon to discharge such of its disciplinary duties as can now be brought into action in connexion with the restoration or the erasure of certain names and qualifications from its registration lists. There are three important cases in which qualified practitioners plead for the restoration of those privileges which are conferred by the fact of legal registration. These cases demand careful consideration. All have been brought forward as a natural sequence of the remarks I was instructed to make in delivering certain judgments of the Council. A fourth case will further illustrate another important point of procedure in reference to the act of restoration to our Register, regarded as a consequence of the restoration of a forfeited diploma by a qualifying body. Nevertheless, this case may be speedily decided, without occupying much of the time of the Council and inflicting a serious charge upon its funds. We have, unfortunately, occasion to regret the necessity of having to conduct two fresh inquiries: one, summarily, as a consequence of a conviction in a court of law; and the other necessitating special investigation before the Council itself. It is earnestly to be hoped that these two cases may be considered, investigated, and adjudicated upon without an extraordinary expenditure of time. But as they have to be heard before the whole Council, they may involve considerable cost. There will, in connexion with this subject of discipline, be presented to you by the Executive Committee a report proposing certain improvements of method in the conduct of our penal proceedings, instead of endeavouring to obtain a clearer definition of our powers by an Act of Parliament. The Council will receive in due order a report from the Executive Committee concerning the best means of limiting the expenditure connected with the sessions of the Council; and it is to be hoped that there will not, even in face of increasing work, be any further anxiety in regard to its resources. The Council will probably desire to consider the opinions of the qualifying bodies on the resolutions passed at the last session on the subject of its requirements in relation to the sanitary qualifications instituted by the Act of 1886. These resolutions have, on the whole, met with the assent of the several qualifying bodies; but, as might be expected, local conditions, opinions, and suggestions have found expression in the replies received from those medical authorities. It will be for the Council to determine whether any modifications of their resolutions are desirable or not. The College of Physicians of London and the College of Surgeons of England, whilst admitting the value of the resolutions of the Council, and fully acquiescing in them, have agreed to take legal opinions as to the power of the Council to enforce its regulations in regard to sanitary diplomas. Two separate applications concerning the examination and registration of midwives and nurses will be brought under your notice. It would appear to be desirable to assist the applicants in their respective aims. But perhaps the Council itself should now define the limits of its co-operation, having due regard to its own constantly increasing duties and responsibilities. The several important questions to which I have directed your attention having been disposed of without unnecessary delay, there will, I trust, also be, through careful economy of time, sufficient opportunity for clearing off some portion of our responsibilities connected with the consideration of certain practical questions relating to education and examinations. But feeling strongly, as I have always done, the need of a twofold separation of our important work, as usefully assignable to our autumn and spring sessions respectively, I should hope that on this occasion especially urgent points only may be brought before us for discussion and decision. It is not yet certain whether, and if so to what extent, the London County Council will be able to grant opportunities for the clinical study of the subject of insanity within the asylums under their control; nor can we yet foresee the acquisition of the abundant means which will one day be at the disposal of the various schools of medicine, in special hospitals, and in public infirmaries and dispensaries, for practical teaching of other special or common diseases. But movements of this kind are in the air; and although the general powers of the Medical Council are practically, and perhaps wisely, limited to those of visitation, inspection, report, and the issuing of recommendations, or in case of need the duty of making representations to the Privy Council, yet the indirect influence of the resolutions of the Council regarding medical education and examinations is being more and more widely acknowledged. We must not, however, shut our eyes to the fact that the qualifying bodies, and also the teaching schools, are, at the present day, active in the spontaneous suggestion and adoption of attainable improvements, checked frequently, and often solely, by considerations as to their practicability, or the possibility of their general adoption. The Council of the Royal College of Surgeons of England, as one of the co-authorities in the Conjoint Examining Board in this division of the kingdom, has expressed an opinion in favour of a five years' curriculum of study, which would give an opportunity for introducing a most important extension of the time to be devoted to the clinical study of all classes of disease. The Royal College of Physicians of London has submitted this subject to a special committee. The proposal involves many important considerations, and certain objections have already been made in regard to it; but the movement in its favour has begun, and it is not difficult to foresee its ultimate adoption in the future in some shape or other. Lastly, I must not omit to remind you that the duty of this Council, in regard to their visitations and the inspections particularly indicated in the Medical Act of 1886, may not be silently passed by. It is, perhaps, beyond my province to say much on this subject, but I would venture to suggest that it

might be carefully considered whether, for the moment, a single inspector might not be appointed to make such occasional visits as, after a perusal of the last reports and after consultation with the President and the Chairman of the Examination Committee, he might consider useful, and to report to the Council his results and opinions in time for our next session. In relation to this subject, it is desirable to bear in mind that an inspector, under the Act, is required essentially to report whether any specific examination is, in his opinion, "sufficient" or "insufficient"; and it may reasonably be submitted that as no case of positive insufficiency has been brought to the notice of the Council, an elaborate and minute inquiry is, at the present time, unnecessary and inexpedient.

Dr. QUAIN proposed a cordial vote of thanks to the President for the admirable address to which they had just listened—clear, comprehensive, practical, and eminently suggestive. In doing so, Dr. Quain ventured to add, as treasurer, some information which he felt would be interesting to the Council. It was to the effect that, by the action of the Medical Defence Association, Clause 40 of the Medical Act of 1858 had been brought into operation at Birmingham, and penalties had been inflicted on unqualified persons for using titles implying that they were registered. The penalties inflicted amounted to £120, and, as authorised by precedent, there had been refunded to the prosecuting party the cost out of pocket, amounting to £87 17*s.* 7*d.*

The usual tables were received, showing the results of competition for commissions in the Medical Department of the Royal Navy and in the Medical Staff of the Army.

A report was received from the Executive Committee in regard to a resolution passed by the Council in May last as to a limitation of expenditure connected with the sittings of the Council. The report stated "that, as a large share of the work of the Council has now been delegated to committees for preparation and report, and as a less demand will therefore be made on the time of the whole Council, it is reasonable to hope that the sittings of the Council may be materially shortened, and that a limitation of expenditure consistent with the means at the disposal of the Council may thereby be secured."

Sir W. TURNER, in moving the adoption of the report, said that the resolution of the Council had arisen out of a desire that had been expressed to stop discursive talk, shorten the time of the meetings, and diminish their cost. It was satisfactory to know that that process was going on, the two meetings in 1888 having lasted only eleven days, and the May meeting in the present year only five days. As the meetings were thus being curtailed there was of course a considerable saving in the fees of the Council. He hoped also that the Council would shortly receive from its legal advisers some recommendations for diminishing the time occupied in dealing with cases of discipline. There was, therefore, every prospect of the sittings being brought within a reasonable limit.

Mr. MACNAMARA seconded the motion.

Dr. LEISHMAN said he could not share the rosy anticipations that had been expressed in regard to the sittings of the Council. It was difficult to answer the statement by their critics that the sittings of the Council had been prolonged at the cost of funds which ought to be otherwise employed. When they were told that their inspection duties could not be performed because of the want of funds, it was a question whether they ought not to adopt some means of reducing the amount required for the remuneration of the Council. There ought to be no great difficulty in formulating a scheme for such an object. He did not approve of a diminution of the amount of the daily fee of five guineas; he would rather not receive a fee at all. There was another method that might be adopted. It might be determined approximately what amount could be afforded to remunerate the members of the Council, and that sum could be divided (as in the case of the directors of certain companies) according to the attendances, so that any discursiveness would be indulged in at their own expense. If the business could not be done in four ordinary sittings, evening sittings could be held; and if they extended over more than a week, there should be no remuneration for the succeeding days. He moved as an amendment: "That the report be remitted to the Executive Committee for further consideration, with a view of fixing a sum which shall be divided in respect of each session of the Council for the remuneration of the members present."

Dr. BATTY TUKE, in seconding the amendment, said the real issue was that the Council had important statutory duties to perform and could not perform them because there was not sufficient money, the reason for the deficiency being that too large a sum was placed in their own pockets.

Sir W. TURNER said he was not aware of any evidence to support the assertion made by Dr. Batty Tuke. He would ask Dr. Quain whether the statement was true.

Dr. QUAIN said the statement had never been tested. Money had always been found for inspection whenever the Council had ordered it.

After some remarks from Dr. Atthill, Dr. Heron Watson, Dr. Bruce, and Mr. Teale, the amendment was put and rejected (the numbers being 19 to 6), and the original motion for the adoption of the report was carried.

A report was received, and adopted, from the Executive Committee respecting the penal powers of the Council, recommending "that no further legislation be sought at present, but that the Council's legal advisers be requested to frame certain regulations, suggested by them, with a view to facilitate the Council's proceedings in penal cases."

Certain communications in regard to the recognition of diplomas in Sanitary Science were referred to the Education Committee to report during the present session. A similar course was adopted with reference to communications received from the bodies which grant diplomas in State Medicine, in reply to inquiries made by the Council.

An application for restoration to the Medical Register was received from Wm. Edward Robson (registered as Lic. Midwif. 1869, K.Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1869), whose name and qualifications were erased on Feb. 22nd, 1887, in consequence of his name having been removed from the lists of Licentiates of the King and Queen's College of Physicians in Ireland, and of the Royal College of Surgeons in Ireland.

The application was considered *in camera*. After some deliberation, it was resolved to defer the consideration of the case, and some others of the same kind, until the Council had received a report from Mr. Muir Mackenzie as to the procedure to be adopted in penal cases where restoration to the Medical Register has been applied for.

Dr. KIDD moved, in reference to Clause 3, Section 2, of the Regulations of the Committee of Management of the Conjoint Board of England: "That the Committee of Management of Examinations conducted by the Colleges of Physicians and Surgeons of London be requested to define by whom and where 'instruction' is to be given in the following subjects: chemistry, materia medica, pharmacy, practical pharmacy, practical chemistry." He complained that the Committee was indifferent as to how and whence the certificates in the subjects mentioned were obtained. If it was desired to abolish certificates and rely wholly upon examination, well and good; but if they were required, care should be taken as to the manner in which they were given. The Secretary of the Conjoint Board, in a correspondence on the subject, had admitted that if one student instructed another that was held to be sufficient; and he had been credibly informed that, in order to test the matter, a teacher in Dublin got his coachman to write a certificate of instruction, which was duly forwarded and recognised. Such certificates were mere shams, and utterly valueless. No one could doubt that materia medica and pharmacy were parts of medical education, and yet the Board allowed them to be taken any length of time before registration, in direct violation of the rules of the Council.

Mr. MACNAMARA seconded the motion.

Mr. MITCHELL BANKS said that the matter was one of great importance to medical schools that had gone to considerable expense in providing chemical laboratories and endowing professorships of materia medica and chemistry. Such schools felt injured by the extreme laxity of the Board on the subject. The certificates received by the Board would not be believed by any other body.

Dr. WILKS thought that the question was outside the Medical Council. The subjects in question could be taught elsewhere than in medical schools, and he did not see how the Council could act in the matter in the way suggested.

Sir J. SIMON suggested that the whole question in its larger relations be referred to the Education Committee.

Sir DYCE DUCKWORTH defended the action of the Conjoint Board, which he said was in good company, since the University of Oxford required no special certificate of instruction in chemistry and materia medica so long as the candidate passed a good examination. The examination of the Conjoint Board in chemistry was a thoroughly good

one, the examiners being men of the highest eminence. He believed that the great majority of the candidates had been trained in good laboratories, and the few who had not been so trained were thoroughly tested.

After some further discussion, the PRESIDENT, in putting the motion, said that the subjects referred to were taught outside medical schools. The object of bringing in the subjects before medical education began was to lighten the heavy burden of the medical student when he was registered. That was the reason of the comparative laxity complained of. Of course if there were cases of imperfect and deceptive certificates being given, the Board would be glad to be informed of them. But he thought the resolution, if passed, would only receive a polite answer to the effect that the bodies concerned were at liberty to follow their own course.

The motion was then put and carried by a small majority, several of the members not voting either way.

Communications in regard to the registration of midwives comprising a correspondence between the President and Mr. Pease, M.P., and a memorandum addressed to the Council by the British Nurses' Association, were received and entered upon the minutes.

The consideration of a notice of motion on this subject by Sir Walter Foster, urging upon the Home Secretary and the Government the importance of passing into law some measure for the education and registration of midwives, was deferred, Sir J. SIMON remarking that it was very desirable that the Council, before addressing the Government on the subject, should have very clear notions as to what it would be prepared to undertake in the matter, and also what they meant by registration. He thought that some scheme of local registration was feasible, but did not think that it should originate in that Council.

Mr. BRUDENELL CARTER presented a memorial, signed by 148 Licentiates of the Apothecaries' Society of London who had qualified in medicine, midwifery, and surgery since July 1st, 1887, praying the Council to give them such title or titles as would convey the increased scientific status to which they were entitled. At present, although trebly qualified, their only title was L.S.A., this being the same as that which was granted when there was no examination in surgery. He said the question would mostly arise with reference to young men very recently qualified whose names might not be for some months to come on the Register, and whose sole means of proving the registration would be by the production of the certificate of registration. He therefore moved, "That to the foot of every certificate of registration issued after this date there be appended a note to the effect that all persons whose registration, under whatever diploma or diplomas, is dated on or after June 30th, 1887, are persons legally qualified for the practice of medicine, surgery, and midwifery." If the Council would consent to adopt that, it would be doing as much as was possible at present on behalf of the memorialists.

Sir WALTER FOSTER seconded the motion, which was agreed to.

Dr. GLOVER moved—"That the Treasury be memorialised to issue annually to every registrar of births and deaths a copy of the Medical Register, in order that the registrar may be able to ascertain whether the person certifying the cause of death is a registered medical practitioner." He said registrars of births and deaths not possessing a copy of the Medical Register were unable to say by reference to the local register whether the person signing was on the Register or not. He read a letter from Mr. A. G. Bateman, M.B., the secretary of the Medical Defence Union, stating that certificate books were only supposed to be supplied to registered practitioners, but the registrars had no means of judging whether an applicant was registered. Anyone having a card with "Dr." upon it was supplied without further difficulty. It would be greatly to the advantage of the law if death certificate books were paged and numbered, so that a record could be kept and certificates traced back and any fraudulent use prevented. In a case that Mr. Bateman had lately watched, a death certificate book was in the possession of an unqualified man, and no trace of how it got into his possession could be found. It was also perfectly possible for an unqualified man to use the name of a qualified man practising in the same neighbourhood without detection. It might be asked what the Medical Council had to do with such cases. He thought they had a great deal to do in such a case to see that a proper use was made of the Register, and one very proper use was that registrars should by its means be enabled to say whether a person signing a death certificate was or was not qualified.

Mr. BRUDENELL CARTER seconded the resolution, which was also supported by Mr. Teale.

Sir WILLIAM TURNER asked how many copies would be required.

Sir JOHN SIMON said there were about 2500 registrars in England.

Sir WALTER FOSTER said he would do his best as a member of the House of Commons to induce the Government to take up this matter.

Dr. QUAIN said he well remembered the trouble the Council had to get the Register circulated amongst the magistrates and county courts. He was heartily in favour of the resolution.

The resolution was adopted, and it was also resolved, on the motion of Dr. GLOVER, seconded by Sir WALTER FOSTER, "That the Registrar-General be memorialised by this Council to have the forms of certificates of cause of death numbered, and to instruct registrars in issuing them to ascertain that the applicants are on the Medical Register, and to keep a memorandum of the numbers of the certificates given to each applicant respectively."

It was further agreed that the President, together with Dr. Glover and Sir Walter Foster, be entrusted with the carrying out of these resolutions.

The Council then adjourned.

WEDNESDAY, NOVEMBER 27TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

The first business was the consideration of the case of James Camac Smyth, L.R.C.P. Edin., L.R.C.S. Edin., who had been summoned to answer the following charges: That he was on Oct. 15th, 1888, convicted at the Wicklow Summer Assize for having on Nov. 1st, 1887, unlawfully conspired by false pretences to obtain large sums of money from the Equitable Life Assurance Society of the United States, and also from the Marine and General Life Assurance Society; and that thereupon judgment was given, and he was sentenced to be kept in prison for six calendar months.

Mr. FARRER, the solicitor to the Medical Council, having read the charges, said that the Council could not, of course, enter into the propriety of the conviction and sentence which had been passed upon Mr. Smyth by a court of competent jurisdiction, or attempt to review it, but the Council could hear whatever Mr. Smyth might have to say in his defence, and could say whether the punishment that he had already suffered was under the circumstances sufficient or not.

Mr. E. S. Finnigan of Belfast, who appeared with Mr. Smyth as his solicitor, then read a statement, from which it appeared that Mr. Smyth, being one of the local referees of the New York Equitable Assurance Company, was charged, in conjunction with his brother, who was the local secretary, and others, with conspiracy to defraud the company. The case on the part of the Crown showed that a man named Wilson, a mulatto, who lived in Belfast, was in 1887 in failing health, and was attended by a Dr. Taylor for organic heart disease and dropsy. He got better subsequently; but in October, 1888, his health again failing, a Mr. Robert Dunlop took preliminary steps to insure Wilson's life for £2000, it being a feature of this company that one person could insure another person's life for his own benefit. Mr. Dunlop made the necessary proposal, and Mr. Smyth was directed to examine him. He did so on Nov. 2nd, and certified the life to be one of the first class, and in the result the policy was issued. On Nov. 6th Wilson was so ill that on that day a Dr. Johnston was called in, and found him suffering from heart disease and dropsy, of which he died on Dec. 20th. The contention of the Crown was that if Smyth had made a *bonâ-fide* examination of Wilson, he must have discovered the existence of mitral disease of the heart, which had been shown to have existed previously.

Dr. Johnston, in cross-examination at the trial, admitted that, though Wilson's medical attendant for many years, he had never been previously consulted with reference to his heart, and Wilson was a strong, healthy-looking man. Evidence was given for the defence in order to show that the heart murmur might differ in intensity, and might be detected

by one doctor and overlooked by others. It was also stated that Dunlop and the brother Chesnutte Smyth, together with his clerk, were tried at the same assizes and convicted, and that Chesnutte Smyth ultimately confessed that he had forged the name of his brother, James Camac Smyth, to several documents, and even to the receipts for his medical fees which he was entitled to receive from time to time from the company. He said that he made his examination of Wilson honestly, and failed to detect valvular heart disease, and that Wilson told him that he was in good health and had never suffered from heart disease. The judge charged the jury in his favour, pointing out that he had no advantage to gain by assisting in this conspiracy. At the time he was tried no doubt the jury were biased by the previous disclosures. He was found guilty, and sentenced to six months' imprisonment. He was called upon by his colleges to show cause why his licence should not be withdrawn, but the leading physicians and surgeons of Belfast presented a memorial in his favour, and his licence was restored. He had suffered deeply for his mistake, and he now appealed to the Medical Council not to view his case with less favour than his medical brethren, his patients, fellow-citizens, and colleges had done.

The Council then proceeded to deliberate upon the case in private, and on the readmission of strangers

THE PRESIDENT announced that the Council had come to the conclusion not to erase Mr. Smyth's name from the Register.

Mr. J. CAMAC SMYTH thanked the Council for the kind and sympathetic view they had taken of his conduct, and expressed his hope that in the future he should never do anything to bring discredit on the great body to which he belonged.

The next subject for consideration was the case of Mr. Joseph Fredk. Leeson (registered as L.R.C.S. Edin. 1858, L.R.C.P. Lond. 1861), who had been summoned to appear before the Council: "For that he, being a registered medical practitioner, acts as cover of, or by his presence, advice, and assistance, enables one Cornelius Bennett Harness, an unqualified person, to carry on the business or profession of a medical electrician, and to practise as if he were duly qualified under the style of 'The Medical Battery Company, Limited,' and 'The Electropathic and Zander Institute,' at 52, Oxford-street, London, W., the said Cornelius Bennett Harness publicly advertising himself as 'The Medical Battery Company's Consulting Medical Electrician.'"

Mr. W. H. Martin appeared as solicitor for the Medical Defence Union, while Mr. Furber appeared on behalf of Mr. Leeson.

Mr. MARTIN, in supporting the charge, said that the evidence he had to offer was, first, the declaration of Mr. Wilson, a wine merchant of Oxford, who stated that his attention was called by an advertisement in the *Standard* newspaper, inviting those suffering, among other ailments, from sciatica, to apply to the Electropathic and Zander Institute, 52, Oxford-street, London. He went there, and said he thought he was suffering from sciatica, and would take one of the guinea belts. The person whom he spoke to said, "If you pay 25 guineas down, we will cure you in a month; but it will be necessary for you to come to London once a week to have the battery applied. Mr. Wilson then said he would pay 10 guineas for the month and a similar sum if he were cured. The assistant said he should like to introduce him to their physician, who proved to be Mr. Leeson. A battery was applied to him for fifteen minutes, and then a belt was put on him, for which he afterwards sent a cheque for five guineas. That was on Aug. 6th, 1887. In November following he received an account from the Medical Battery Company for 2 guineas for the use of the battery, and, as he refused to pay, he was summoned at the Bloomsbury County Court. The case was heard on Dec. 16th, and Mr. Leeson was called as a witness, describing himself as the medical officer of the Battery Company. The case was determined in Mr. Wilson's favour, and the plaintiffs had to pay the costs.

Mr. FURBER said he would admit that Mr. Leeson was the medical officer of the Medical Battery Company.

Mr. MARTIN said that a copy of Mr. Wilson's declaration was sent to Mr. Leeson, and in reply he wrote a letter in which he submitted that the Medical Act did not apply to his case. He also said this was not a *bond-fide* case because the events took place more than two years ago. As a matter of fact, he was in no way responsible for the claim made against Mr. Wilson. The Royal College of Physicians had considered the case, and had resolved that a Licentiate might be a member of a trading company. The Medical Battery Company was established about ten years ago by Mr. Harness for the purpose of providing treatment of diseases by means of galvanic and electric appliances. Mr. Leeson was selected from a large number of applicants as the head physician of the massage department, and was to be paid by salary. He had made electric therapeutics a special study. At the present time the chief consulting physician to the company was the illustrious Dr. Vigoroux, while the demonstrator was M. Loreau. Those names showed that everything done by the company was carried on in a thoroughly scientific manner, and they were now opening a post-graduate school for the instruction of the English faculty in electro science. Mr. Harness held degrees which he did not use. He was now simply the president of the company, which was a great and useful power in the medical world. Of course there was a prejudice against it because it advertised electropathic belts, but they were doing everything they possibly could to develop their science for the cure and relief of disease. Mr. Harness had also filed a statutory declaration, in which he stated that the claim on Mr. Wilson for 2 guineas as "physician's fees" was made out in error by the clerk; it should have been for electrical treatment. Mr. Martin then proceeded to put in several advertisements, which set forth the nature of the diseases for which the electrical treatment was applicable. Among other pamphlets, he produced one entitled "Electrisation as a Remedy for the Diseases of Women," at the end of which was a "private advice form," to be torn out and filled up by anyone who wished to consult Mr. Harness.

Mr. FURBER said that some of the books put in had been withdrawn from circulation for the last eighteen months, and it was therefore manifestly unfair to bring them against Mr. Leeson.

Mr. MARTIN said they had been issued and circulated during the period in which Mr. Leeson had been connected with the establishment. One of the advertisements referred to Dr. Steavenson as approving of the electric treatment and putting within quotation marks certain words to that effect, which would lead readers to infer that they had been used by that gentleman.

Sir DYCE DUCKWORTH said that Dr. Steavenson had been exceedingly annoyed at this use of his name, and had published a disclaimer in THE LANCET.

Mr. LEESON then offered himself for cross-examination by Mr. Martin. He said he was not responsible for the claim against Mr. Wilson. He, however, attended personally at the Bloomsbury County Court, though at the time he did not know that the claim was for physician's fees. Until a few days ago, when he wrote the letter, he had given no explanation of the circumstances under which the claim was put forward. Mr. Harness was an "M.D." of Philadelphia, and the diploma was hung up in the establishment.

Dr. GLOVER: Do you know that the University of Philadelphia does not exist?—No.

In answer to Mr. Muir Mackenzie, Mr. LEESON said he got his fee of 2 guineas for giving evidence at the County Court, and then left. Mr. Wilson produced the advertisement stating that consultation was free, and that finished the case, the judge saying, "It is no use going on." His connexion with the company was that he was their physician, and was paid by salary. He was not a member of the company. Applicants first saw Mr. Harness, and arranged about the fees. He himself had a consulting-room.

In answer to Dr. Quain, Mr. LEESON said Mr. Harness did not "practise"; he gave electrical treatment.

Dr. GLOVER asked if patients were led to understand that ruptures could be cured by electricity.

Mr. LEESON said they had cured several; others they had not cured. They did not pretend to cure all. Electrical trusses were supplied.

In reply to Mr. Furber, Mr. LEESON said that when a patient sent a diagnosis of his case it was forwarded to Dr. Vigoroux, who then communicated with Mr. Harness.

Dr. QUAIN: Is Dr. Vigoroux qualified?

Mr. LEESON: In France, but not in England.

Dr. QUAIN: Then he is not a "qualified man."

The standing orders were suspended, and the inquiry continued considerably after the usual time; and then, on the suggestion of Mr. Furber, who stated that he wished to

call Mr. Harness in consequence of the statements that had been made concerning him, the further consideration of the charge was adjourned.

THURSDAY, NOVEMBER 28TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

The first business was the consideration of an appeal for restoration to the Medical Register from Dr. Alexander Lindsay, whose name and qualifications were erased on Nov. 2sth, 1888, by order of the General Council for "infamous conduct in a professional respect" in respect of the act of "covering" one Edwin Middlebrook, who possessed no legal medical qualification. Dr. Lindsay appeared, accompanied by Mr. Waddy, Q.C., M.P., as his counsel.

Mr. WADDY said Dr. Lindsay was the assistant of Mr. Hales of Burslem. After Mr. Hales' death, Dr. Lindsay set up in business for himself, but became connected with Middlebrook. The error was no doubt a very serious one for Dr. Lindsay as it turned out. It appeared that he had put Middlebrook into a position which enabled him to practise himself, and the result was when the matter came before the Council they decided that it was right that his name should be removed from the Medical Register. Since then Dr. Lindsay had continued at Burslem in the hope that his name might be restored. His appeal was accompanied by a memorial from five registered practitioners resident at Burslem and the neighbourhood. Other memorials were presented from residents in Burslem and district, signed by the member for the borough, the mayor, the town clerk, three aldermen, two magistrates, six solicitors, eight clergymen, and 665 other inhabitants; also from Norton-in-the-Moors, signed by one clergyman and sixty-eight other inhabitants, and from residents at Milton with 117 signatures. Dr. Lindsay hoped that his punishment would now come to an end. The result of course had been to check his career. He had lost the practice which he had purchased, but was naturally in the hope that if his name were restored he might be able to get his business back again. That was a matter which must be for the future, and for the present all he could do was to throw himself entirely *ad misericordiam* upon the consideration of the Council.

Sir DYCE DUCKWORTH asked what proportion of the medical men residing at Burslem had signed the memorial.

The REGISTRAR said it was signed by five. There were two who had not signed.

Dr. LEISHMAN asked what Dr. Lindsay had been doing in the interim.

Mr. WADDY said the business had been sold to a Dr. Hunter, a qualified man, and Dr. Lindsay had acted as his bookkeeper and assistant.

Strangers were then directed to withdraw. After a short interval the Council room was opened, and

The PRESIDENT stated that the Council had resolved to restore Dr. Alexander Lindsay's name to the Medical Register.

Dr. GLOVER moved: "That Cap. 7, Clause 5 of the standing orders be amended as follows: "Should there occur during the recess any vacancy in the Executive Committee, they shall be empowered to fill up such vacancy, except in cases where a summons has been issued for a meeting of the General Council, when the Council itself shall elect." The Executive Committee, he thought, had on Monday made a strained use of its power of filling vacancies occurring during the recess, by electing Sir W. Foster (to whom, of course, there could be no personal objection) to fill the vacancy created by the resignation of Professor Humphry. As the Council was sitting the next day, he thought the power possessed by the Executive Committee ought not to have been exercised, but that the election ought to have been left with the Council itself. He did not wish to go back upon the election that had taken place, but he hoped that in future such an occurrence would not take place.

Mr. BRUDENELL CARTER, in seconding the motion, said he hoped the standing orders of the Council would not be allowed to cover what was practically a self-election.

Dr. HERON WATSON said that the Executive Committee must always come before the Council for re-election at the May meeting, and it was only in the case of a vacancy occurring between the winter and summer session that such an occurrence could take place.

Mr. TEALE said that the object of the Executive Committee in filling the vacancy was to save the time of the Council itself.

The PRESIDENT said that the question of the propriety of proceeding to election was duly considered and voted upon by the Executive Committee; but they had no objection to the motion of Dr. Glover if the Council saw fit to adopt it.

The motion was put and agreed to.

The Council then proceeded to the further consideration of the case of Joseph Frederick Leeson. Mr. Harness, of the Medical Battery Company, presented himself for cross-examination, and, interrogated by Mr. Martin, stated that the action brought against Mr. Wilson in the County Court was a mistake. He knew nothing of it till some weeks afterwards. He had written a letter to a medical journal with regard to a paragraph that had appeared in it commenting on his business, and threatened an action unless an apology was offered. There was no apology, but he had taken no proceedings, because he thought it was a very small matter. The statement made was a gross lie. Mr. Wilson's account of the 25 guineas was an absolute falsehood. Mr. Leeson had only been two days in charge.

In re-examination by Mr. Furber, he said Mr. Leeson had nothing to do with any of the advertisements or pamphlets issued by the Battery Company. Mr. Leeson was a salaried officer of the company, and his duty was to see whether applicants were fit subjects for electrical treatment. He had nothing to do with the control or works of the business.

Mr. FURBER: Does he act as cover for you in any way?

Mr. HARNESS: No, I require none. I have never held myself out as a qualified medical man, and have never made any charge for fees as a medical man.

In reply to Mr. Muir Mackenzie, he said he certainly suggested to people who were suffering from various diseases that they should apply to him for advice and treatment on electrical matters.

Dr. QUAIN: Should you treat a patient for disease yourself?

Mr. HARNESS: If I felt disposed I should, by electricity.

In reply to other members of the Council, he said he had never written a prescription or advised that medicines should be taken. He possessed several diplomas, but dispensed with them. He did not practise as a medical man. He objected to state what his diploma was, as it had nothing to do with the case. He could answer the question satisfactorily if he chose, but he was not called upon to do so. He understood the suggestion was that he acted as a medical man, but he repudiated any degrees obtained in America or elsewhere, because it would interfere with his reputation. Mr. Leeson's special duty was to see that everything was done in strict medical order. If a patient came to the company, he would be referred to Mr. Leeson to see if he was a fit and proper subject for battery treatment. They had on record cases which were decidedly not fit for such treatment. He did not mean that they had refused to sell batteries—that belonged to another department.

Mr. FURBER, in summing up the defence, said Mr. Leeson had been connected with the medical profession for thirty-five years. For twenty years he had the largest practice in Bradford, which he gave up on account of failing health. He then went to Ilkley, and was at the hydropathic establishment there for ten years. He became connected with the Battery Company in 1887. His connexion with that company was perfectly honourable and straightforward, and whatever the opinion of the Council might be as to the Medical Battery Company and Mr. Harness, that was hardly a question before them now. If Mr. Harness had committed himself by acting as a qualified person, being unqualified, the proper course to be adopted would have been that a summons should have been taken out before a magistrate under the fortieth section. The twenty-ninth section, under which the present proceedings were instituted, was one of the most penal clauses of the whole statute, and before acting upon it the Council ought to have the most unqualified evidence to support the contention that Mr. Leeson was acting as cover for Mr. Harness.

Mr. MARTIN, in replying, called attention to the fact that Mr. Leeson was present at the County Court as the principal witness in the action, that he heard the claim that was made, and had offered no repudiation or explanation. As to whether Mr. Harness had laid himself out as a duly qualified person, he would only refer to the publication of the company of which he claimed to be the president, and it was for the Council to draw its own inference.

The Council then deliberated on the case in private.

On the readmission of the public,

The PRESIDENT (addressing Mr. Leeson) said: I have to inform you publicly that the Council after long deliberation has come to the conclusion (1) that you have committed the offence charged against you; (2) that the offence is, in the opinion of the Council, "infamous conduct in a professional respect"; and (3) that the Registrar has been directed to erase your name from the Medical Register.

The Council then considered an appeal for restoration to the Medical Register from Stephen Joseph Daly (registered as Member of the Royal College of Surgeons of England in 1886, Licentiate of the Royal College of Physicians of London in 1886), whose name and qualifications were erased on Nov. 30th, 1888, by order of the General Council for "infamous conduct in a professional respect" concerning the act of "covering." Mr. Daly's application was accompanied by fourteen testimonials in regard to hospital appointments given to Mr. Daly by six London and eight provincial medical practitioners. It was further stated that Mr Daly had been engaged in medical studies in Paris up to about six weeks since, and that he had returned to await the result of his application.

The PRESIDENT said he had received a letter from Mr. Daly's brother, enclosing a certificate stating that he was unable to attend the Council that day, as he was suffering from severe periostitis of the maxilla.

The REGISTRAR said the case came before the Council last November, when, after long inquiry, the name was erased from the Register, but Mr. Daly was informed that applicants had sometimes after an interval been restored to the Register. In consequence of that intimation he now applied, having been twelve months off the Register. He had immediately retired from Southport, where he was in practice, and had been reduced to dependence upon his brother for partial if not entire support.

Sir W. TURNER said there was in the minds of many members of the Council a feeling that Mr. Daly's offence was not of so serious a character but that after a year's punishment by removal he might, supposing his conduct was satisfactory in the meantime, apply for reinstatement. He thought this was a case in which the name might be properly restored.

Mr. MITCHELL BANKS said that the Society who were the prosecutors were not in the least degree animated by any feeling of exasperation against Mr. Daly, but it was against the principal who employed him. There was a very general feeling amongst even the members of that Society that this young man had been in a manner somewhat deceived as to the nature of the occupation which he was being led into. He could assure the Council that the fact of the prosecutions of the last year had in very great measure served to clear away a number of men who were acting as covers to unqualified men in the north of England.

Mr. BRUDENELL CARTER, Sir W. FOSTER, and other members suggested that before the application was granted some additional information ought to be forthcoming with regard to Mr. Daly's conduct since the erasure of his name from the Register.

The further consideration of the case was conducted *in camerâ*.

On the readmission of strangers,

The PRESIDENT said the Council had considered the case of Stephen Joseph Daly, and had resolved that the Registrar be directed to restore his name to the Register.

The case of the appeal for restoration to the Medical Register from James McCully, whose name and qualifications were erased on Nov. 22nd, 1887, in consequence of his having been convicted of misdemeanour, was referred to the Executive Committee for consideration and report.

Dr. HERON WATSON moved, "That it be referred to the Executive Committee to consider the question of providing for the inspection of the examinations for diplomas in Sanitary Science, the amount of the fee to be paid for the registration of such diplomas, the fund into which those fees should be paid, and the application of this fund to the payment of such inspections, and to report thereon to the present meeting of the Council."

Dr. STRUTHERS seconded the motion, which was agreed to.

The Council then adjourned.

BEQUEST.—Mr. J. R. Bemick has left £300 to the Stewart Institution for Imbeciles, Dublin.

REPORT OF THE LANCET
Special Sanitary Commission
ON
BAKERIES AND BREAD-MAKING.

THE bread-supply, especially of a large town, is fraught with so many complications and difficulties that sanitary precautions are apt to be neglected, and what we call the "staff of life" may become a cause of death. At present, especially in London, the problems involved by this vast question, though at all times of great importance, have assumed more than usual gravity. Three forces are at work and at conflict with one another, and this struggle seems now to have come to a head. First, the bread trade has been invaded by modern capitalism. Wealthy companies have introduced machinery, have built large model bread factories; they are competing severely with the small master bakers and the old-fashioned hand-made bread. Secondly, among the small master bakers there are what is termed the "cutting" shops—that is, tradesmen who have departed from the old, simple method of trading. Instead of producing a fairly good article, charging a heavy price, and securing a large profit, these "cutting" men make a more questionable article, "cut" a very fine line between the selling price and the cost of production, content themselves with very small profits, and trust to quick returns. The competition of these "cutters," on the one hand, and the big bread companies on the other, has naturally greatly disturbed the trade; and, as is usual in such cases, the workman—that is, the journeyman baker—has also been made to suffer. But in London the journeymen bakers are well organised, in any case better organised than the master bakers; hence the mere menace of a strike has compelled the majority of the latter to yield to the demands of the men. This action on the part of the workmen is the third force to which we allude. Evidently these different impulses will in time greatly alter the bread trade; and these changes, which may assume the character of a complete revolution in this important branch of industry, should be so directed as to benefit the health of the people at large. It is not of course necessary to demonstrate the close connexion between bread and health. The necessity of a cheap, clean, nutritious, and digestible bread-supply is obvious. Will the evolution through which the trade is now passing tend to secure such a supply for the community? This will depend in a great measure on the intelligence and activity of the leaders and teachers in the sciences of sanitation and of political economy.

The questions at issue are so vast and far reaching that each principal phase must be studied separately; and it is only natural we should first investigate that portion of the subject which, as causing the greatest danger to public health, is consequently the most urgent. We allude to the small underground bakeries, which, strange to say, are still tolerated in our midst. There is a vague feeling prevailing among the public that horrible things take place in these cellar workshops, and that if it were generally known how bread is made many persons would hesitate to eat it. A good deal of this is exaggerated and, in any case, there is a regrettable tendency to think too much of the bread and not enough of the baker. Very often we found the bread clean and wholesome, but the baker who had made it was far from healthy. If for no other reason than that it is impossible to preserve the health of the journeymen bakers underground bakeries should be condemned. That it is impossible to defend such bakeries is practically admitted by the text and character of such laws as bear on the subject. If cellar bakeries still exist it is because the Legislature has thought more of the vested interests of a few hundred tradesmen than the health of the million. Nevertheless, the thing is admittedly so bad in itself that the Bakehouse Regulation Act was passed to mitigate the evil. How far the stipulations of this Act are efficient in themselves and are properly enforced is the first question we have sought to answer.

We commenced our inquiry on the south side of the river, and having secured the services of a guide who is well

acquainted with the trade, we succeeded in penetrating into several bakehouses which were considered most likely to be in an unhealthy condition. It was, however, at once evident that these places had been already inspected by the sanitary authority; that, whatever fault might be found with their condition, they were not transgressing the Act. Nevertheless, the results of our inspection were very far from satisfactory. The first bakery we visited, for a cellar, could not very well be improved. There were openings in front and behind to create a through draught. Consequently, these openings were carefully shut when the men were at work. There were no drains near, and everything was clean, excepting the walls, which were stained with the marks left by the thousands of beetles and cockroaches that disported themselves amid the loaves and flour. The ceiling was low, and of course the atmosphere stifling. What else could be expected in a cellar situated below the level of the street? The secretary of the Journeymen Bread and Biscuit Bakers' Pension Society informed us that at present there were eighteen men on the pension list, and that fourteen out of these men were tall—that is, above 5 ft. 8 in. in height. In fact, there were only two really small men on the pension list, and they were very aged. A short man working in a cellar bakery had a much better chance of preserving his health. His head was more constantly in the line of the draught of air going to the furnace or the oven. The tall man's head being nearer the ceiling, he breathed the sulphur and the vitiated air that stagnated against the rafters. Certainly, there is an extraordinary difference in the atmosphere of a cellar bakery at 5 ft. to 6 ft. from the ground and at 4 ft. to 5 ft. This is so perceptible that it is only necessary to stoop a little to experience a certain freshness and greater facility in breathing.

On leaving this bakery, a young man of weak constitution was pointed out to us, who, we were told, had worked on the previous Saturday for nineteen hours consecutively in an underground bakery, where the flue passed under the floor, and therefore greatly increased the heat of this unhealthy bakehouse. Here, and at several other places, the journeymen bakers arrive at nine or ten in the evening. There is no work to be done till midnight or one o'clock. But the master baker, who lives in the house above the shop, does not like to be awakened in the middle of the night to let his men in. He therefore makes them come before he goes to bed, and the men, having nothing to do, lie down on the flour troughs and sleep for some hours. Thus the boards, which subsequently receive the moist bread and dough, become temporary bedsteads. The Act stipulates that no place on the same level with a bakehouse, and forming part thereof, may be used as a sleeping place unless it is effectively separated from the bakehouse by a partition from the floor to the ceiling, and is provided with an external glazed window of at least nine superficial feet, the half at least of which can be opened for ventilation. To sleep within the bakery itself among the flour, on the very places where the dough is mixed, is obviously a gross infringement of the law. Yet this is a very general practice, and apparently no measures have been taken to prevent its continuance. We can understand that the master baker should desire to have a quiet and undisturbed night's rest. So would many members of the medical profession; but they are nevertheless, in answer to the night-bell, obliged to get up, and though weary from insufficient sleep, go out at all hours to see their patients. If a baker cannot get up at night to let his workmen in, he had better devote himself to some other trade, and should not be allowed to break the law with impunity by making his men sleep in the bakery.

In Lambeth, the first underground bakery we entered had narrow rickety stairs, but there were means of establishing a through draught and the place was clean. The second bakery was not so satisfactory. There was a sort of outhouse behind it, and, separating the bakery from this, a court about ten feet square and much below the level of the street. In this court we found a dirty closet and a broken dust-box or bin. The closet and the dusthole were on the same level and just at the door of the bakery. Dust and effluvia could, therefore, mix with the bread, particularly as the great heat of the bakery would draw the air in from the closet and the dust-bin. The closet, it is true, was trapped. It was not absolutely within the bakery. We cannot say whether a magistrate would recognise that there was anything legally and technically wrong in this place, but it was altogether nasty, and, if not contrary to the letter of the law, was certainly not in keeping with its spirit and object. The next bakery we visited was very small, very dark, but had three openings to let air down from above, which, if it were possible to keep them open, might suffice to ventilate the cellar.

We called on another bakery which was not in a cellar, but had been built in a back yard. It possessed, however, only one louvre window, and we cannot conceive how this could be opened without causing such a down draught as to render the bakery unfit for habitation. In the front cellar, facing the bakery, the flour and the coal are stored. There are rafters, rough corners, and dark places where all sorts of dust and dirt can accumulate, and it was confessed that when the coals were getting low the cellar smelt "fusty." The next bakehouse seemed badly ventilated, and there was a closet outside, but against the bakehouse wall. Such proximity cannot be approved. In another bakehouse, absolutely below the street, with a very small grating against the ceiling and giving on to the pavement of the street causeway, we noticed a very unpleasant, sour smell. An iron drain-pipe went through the centre of this cellar bakehouse. In it came the bath water and the soil from the closets of the house above. The drain must have passed under the bakehouse to the sewer. Several tiles were loose on the floor, which the men had pulled up in their efforts to get at the rats that came into the bakery. The ventilation, especially on the side of the street, seemed to us very insufficient, and the presence of rats indicates that probably the drain under the floor of the bakery is broken.

Such are the general characteristics of the bakeries we visited on the Surrey side. Considering the terrible things that have been said they were certainly better than we expected to find them; and, however unsuitable in position and construction, were on the whole fairly clean. Evidently the inspectors keep a good look out. We are tempted to believe that it is not the bakeries in the low-class quarters of London that are the worst; for certainly the most insanitary bakehouse we have as yet seen is that of one of the high-class bakers of the West-end. This shop has a business which has grown out of all proportion with the premises. Every inch of ground, or rather of cellarage, has to be utilised. There is not room even to build a staircase. To reach the bakehouse it is necessary to open a trap-door in the floor of the shop and descend a very small ladder which quivers and shakes in an altogether uncomfortable manner. The cellar is divided into various compartments, though from the sanitary point of view these may all be considered as one single room or cellar, as there are no doors to separate them, and the dust and effluvia can, without the slightest hindrance, pass from one part to the other of the bakery. In about the centre there is an old stone sink with a straight pipe under it. The pipe may be trapped underground or may communicate with a gully which is close by and almost under the sink. This gully is destined to receive water from the floor when the bakery is washed, but was at the time of our visit choked up with a thick, pasty mass of dust, flour, &c. Some of the nicest and most delicate-flavoured pastry is made close by this sink. When we inquired whether any smell came from the sink, we were assured that a vast quantity of water was thrown down every day. In any case, in so high-class an establishment, we had expected to find a modern improved sink, with a trap immediately beneath the opening, and not a rough stone contrivance that apparently dated back some forty or fifty years. This is, however, a trifle as compared with the abominable condition and position of the closet. In a corner, devoid of any window, with no opening whatsoever giving on to the outside, and yet on the same level and within the cellar, are placed the closet and the urinal. An attempt at ventilation had been made, for there was a gas jet burning at the aperture of a small tin shaft, measuring about 3 in. by 10 in., which was suspended to the roof; but this shaft did not reach farther than 3 ft., and then was broken right off, so that it only helped to draw the air from the closet towards that part of the cellar where the bread is made. The closet was provided with a good flush of water, yet the pan was very dirty. Opposite the seat there is a small iron urinal, so thoroughly out of order that the whole of the partition wall was saturated with water and urine. This had soaked through the wall, and yet on the outside of the wall were piled up a number of empty flour sacks, which naturally absorbed some of the

humidity from the urinal previously to being sent to the miller to be refilled. That an unventilated closet should be placed in such close proximity with bread, flour, and pastry, that it should be in such a condition, and this in a bakery where a most prosperous trade is done, show that underground bakeries ought not to be sanctioned. In the house in question there is no back yard, and the cellar is absolutely under the level of the street. It would be difficult to say where a closet easily accessible to the men could be built. The baker who owns these premises is a man of progress. He has readily granted the increase of wages or the shorter hours demanded by his men, and he makes large distributions of bread among the poor of the neighbourhood. It is the system rather than the individual we would desire to denounce; and we maintain that it is impossible to build a really wholesome bakery underground, particularly in crowded thoroughfares, where the houses have no back yards.

We also visited another West-end bakery where the bread is in part made by machinery, though this is also done in a cellar. Below the level of the cellar there are trenches or shafts dug where the straps, cranks, &c., are laid to transmit the motive power. We were told that as these trenches are so very low down the drainage from the neighbouring subsoil gets into them. There it stagnates, ferments, and then, when stirred by the movement of the machinery, throws off noxious odours. We examined this carefully on the spot and found the trenches absolutely dry, and there was no nuisance whatsoever. Yet what we have just described may have occurred either here or elsewhere at some other time, particularly after wet weather. This is one of the risks inherent to underground bakeries. If the machinery seemed to be in order, the iron gully traps fitted into stone at the two sinks and pumps did not appear in such satisfactory condition. One of them emitted a very unpleasant odour; the other sink was next to the furnace, and this is scarcely a favourable position. The whole place was of course dark, being under the level of the street, and also could not be satisfactorily ventilated. It seems strange that some of the most expensive bread, eaten in the most fashionable quarters of London, should be baked in places that in respect to sanitation are sometimes much less satisfactory than the poorest cellar bakehouses of the New Cut.

(To be continued.)

THE METROPOLITAN HOSPITAL SUNDAY FUND.

THE Report of the Council of the Metropolitan Hospital Sunday Fund, of which we have been favoured with an advance proof, states that the seventeenth year of collecting this Fund has resulted, under the presidency of the Right Honourable Sir James Whitehead, Bart., ex-Lord Mayor, in a collection surpassing every former record by over £1100. The total amount collected in 1889 was £41,744 12*s.* 11*d.*, being £1137 5*s.* 3*d.* more than in any previous year. The Rev. Prebendary Forrest, D.D., vicar of St. Jude's, South Kensington, again headed the list of contributions with £1217 1*s.* 11*d.*, which is the largest sum ever received by the Council from any one congregation. The Rev. Canon Fleming, B.D., vicar of St. Michael's, Chester-square, was next in amount with £1007 12*s.* 4*d.*

The Council desire to record the exertions of Mr. Alfred L. Cohen and Messrs. Sydney Kennedy and Co., and to thank them for kindly organising a collection from members of the Stock Exchange, which produced £367 16*s.*; but they regret that the efforts to secure collections from the other London exchanges, and from the members of Lloyd's, were unsuccessful.

The Committee of Distribution, in their annual general report, recommend that £38,481 5*s.* be distributed between 111 hospitals and fifty dispensaries. Five per cent. of the total collected—viz., £2000—is set apart to purchase surgical appliances in monthly proportions during the ensuing year. A special meeting of the Council on July 29th approved the recommendations of the Committee of Distribution, and resolutions were unanimously passed tendering the cordial thanks of the Council to Sir Sydney H. Waterlow, Bart., and the other members of the Committee of Distribution; to Sir James Whitehead, Bart.; to Sir Andrew Clark, Bart., for his very able address delivered at the Mansion House meeting of June 19th, and to the other speakers upon that occasion; to the editors of newspapers who had pleaded the needs of hospitals and advocated the cause of this Fund, with a view to increasing this year's collection; and specially to Mr. Thomas Wakley, the Editor of THE LANCET, who had gratuitously prepared and issued to clergymen and ministers of religion Special Supplements giving valuable statistics and general information.

At a meeting of the Council convened for to-day (Friday, the 29th inst.) by the Lord Mayor, Sir Henry A. Isaacs, the following was to be the order of business: To determine the report of the Council for the year 1889, and to order its publication; to revise the list of the Council for 1890; to order the convening of the next annual general meeting of constituents; to consider what day of 1890 shall be recommended to the constituents for next Hospital Sunday; and to transact general business.

THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST.

A SPECIAL COURT of the Governors of the Royal Hospital for Diseases of the Chest, City-road, was held on Thursday afternoon at the Cannon-street Hotel, in compliance with a requisition signed by twenty-seven of the governors, to consider the action of the Council in dealing with certain disputes between their late Secretary (Mr. J. J. Austin), and the medical staff of the hospital, the details of which have already been discussed in our columns. Among those present were: The Earl of Derby, Sir James Whitehead, Dr. Meymott Tidy (chairman of the Council), Mr. Hope Morley, Lord Charles Bruce, and others. The room in which the meeting was held was completely filled, and demands were frequently made from the rear of the hall that the meeting should be adjourned until a larger room could be obtained.

On the motion of Lord Charles Bruce, Alderman Sir James Whitehead, who is one of the governors, was elected chairman, and the proceedings opened by the reading of letters from governors expressing regret at inability to be present, and upholding the action of the Council.

The Chairman said he hoped the meeting would be a peaceable one, and that the affairs of the hospital would be discussed in a businesslike manner. He had been selected as chairman because he had not entered into the dispute on any occasion. He had read the statement which had been issued, and he felt that it would be absolutely impossible to reinstate Mr. Austin. He was convinced that they must all feel that the continuance of the present state of things would be injurious to what they all knew was a splendid institution. If the Council were to resign, could anyone, he asked, suppose that the subscriptions would not suffer? In support of his contention that it would be ridiculous to foster such an idea, he quoted the various amounts which had been subscribed by the different districts. Should the medical staff have found it necessary to resign, he believed that an attempt to obtain men of equal standing in the profession would be futile. He thought he knew something of the medical profession, and he ventured to tell the meeting that the highest men in that honourable profession would have abstained from having anything to do with an institution in which their brethren had been treated so badly. He would suggest, as an amicable arrangement, that half-a-dozen of the "objectors" should meet the Council in conference and discuss the affairs of the hospital. He desired most earnestly that the institution should rest upon a firm foundation, and that there should be nothing connected with it that would not bear the light of day.

Mr. Berry (one of the signers of the requisition calling the meeting) consented to support a proposal on the lines suggested by the chairman.

On the suggestion of the Chairman, the Earl of Derby moved a resolution expressing confidence in the Council. He said charges of a grave character had been brought against the medical staff, and it was only right that they should be fully investigated and those gentlemen vindicated.

Mr. Jonathan Hutchinson (President of the Royal College of Surgeons) seconded the resolution, and flatly contradicted the statement which had been made that the patients in

the two cases referred to by the late secretary had been made the subjects of experiments.

The resolution was adopted by a large majority.

Mr. Berry, looking to the future interests of the hospital, moved a resolution to the effect that the Council should be recommended to confer with the twenty-seven signatories calling the meeting. The motion was seconded by the Rev. N. J. Devereux and was carried.

On the motion of Mr. Hope Morley, a vote of thanks was accorded to the chairman for presiding, and the proceedings terminated.

THE PROPOSED PUBLIC MEDICAL SERVICE.

AT a special meeting of the medical men of Coventry, held on Friday, Nov. 22nd, to consider Dr. Rentoul's proposals for a Public Medical Service, the following resolutions were passed: 1. "That this meeting of medical practitioners in and around Coventry, while approving the main issues of the resolutions proposed by Dr. Rentoul, and about to be discussed by the Committee of Council of the British Medical Association on the 27th inst., consider that many of the details require further thought, and in some cases amendment." 2. "That while measures are being taken to purge the hospital out-patient departments of abuse, it is at the same time essential that all provident dispensaries should have a wage limit for their members, as there are at present large numbers admitted who should not receive medical aid for so small an annual subscription as 4*s.* 4*d.*"

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5603 births and 3334 deaths were registered during the week ending Nov. 23rd. The annual rate of mortality in these towns, which had been 17·5, 18·1, and 18·3 per 1000 in the preceding three weeks, declined again last week to 18·2. During the first eight weeks of the current quarter the death-rate in these towns averaged 17·9 per 1000, and was 2·7 below the mean rate in the corresponding periods of the ten years 1879–88. The lowest rates in these towns last week were 8·6 in Brighton, 10·6 in Cardiff, 12·7 in Derby, and 15·4 in Oldham. The rates in the other towns ranged upwards to 24·7 in Manchester, 26·0 in Sunderland, 26·9 in Newcastle-upon-Tyne, and 30·7 in Plymouth. The deaths referred to the principal zymotic diseases, which had been 325 and 342 in the two preceding weeks, further rose last week to 353; they included 74 from measles, 72 from scarlet fever, 61 from whooping-cough, 55 from "fever" (principally enteric), 50 from diphtheria, 40 from diarrhœa, and only one from small-pox. No death from any of these zymotic diseases was registered during the week either in Brighton or in Derby; while they caused the highest death-rates in Blackburn, Sunderland, and Plymouth. Measles caused the greatest mortality in Nottingham, Blackburn, Wolverhampton, and Sunderland; scarlet fever in Liverpool, Salford, Sheffield, Blackburn, and Plymouth; whooping-cough in Newcastle-upon-Tyne, Hull, and Wolverhampton; and "fever" in Hull. The 50 deaths from diphtheria in the twenty-eight towns included 30 in London, 5 in Salford, 2 in Manchester, 2 in Plymouth, 2 in Halifax, 2 in Sheffield, and 2 in Newcastle-upon-Tyne. Small-pox caused 1 death in Liverpool, but not one in any of the twenty-seven other great towns. Only one small-pox patient was under treatment at the end of the week in the Metropolitan Asylum Hospitals, and not one in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum and London Fever Hospitals at the end of the week was 1620, against numbers increasing in the twenty-one preceding weeks from 559 to 1597; 152 cases were admitted to these hospitals during the week, against 204 and 176 in the two previous weeks. The deaths referred to diseases of the respiratory organs, which had increased in the four preceding weeks from 281 to 321, further rose last week to 328, but were 141 below the corrected average. The causes of 61, or 1·9 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Newcastle-upon-Tyne, Nottingham, Portsmouth, and in seven other smaller towns; the largest proportions of uncertified deaths were registered in Hull, Blackburn, and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19 8 per 1000 in each of the preceding two weeks, rose to 20·6 in the week ending Nov. 23rd; this rate exceeded by 2·4 the rate that prevailed during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 14·6 and 15·7 in Dundee and Leith to 21·0 in Aberdeen and 23·9 in Glasgow. The 527 deaths in the eight towns showed an increase of 18 upon the number in the previous week, and included 15 which were referred to diarrhœa, 8 to "fever" (typhus, enteric, or ill-defined), 8 to scarlet fever, 8 to diphtheria, 7 to whooping-cough, 7 to measles, and not one to small-pox; in all, 53 deaths resulted from these principal zymotic diseases, against 53 and 64 in the two preceding weeks. These 53 deaths were equal to an annual rate of 2·1 per 1000, which exceeded by 0 2 the mean rate last week from the same diseases in the twenty-eight English towns. The deaths attributed to diarrhœa, which had been 10 and 11 in the two previous weeks, rose last week to 15, of which 5 occurred in Glasgow and 5 in Edinburgh. The 8 deaths referred to "fever" exceeded the numbers in recent weeks, and included 3 in Glasgow and 2 in Greenock. The fatal cases of scarlet fever, which had been 10, 9, and 5 in the previous three weeks, rose again last week to 8, of which 4 were returned in Glasgow and 3 in Leith. The deaths from diphtheria, on the other hand, showed a decline from recent weekly numbers, and included 3 in Glasgow and 3 in Edinburgh. The 7 fatal cases of measles, including 4 in Glasgow and 2 in Aberdeen, were also fewer than in any recent week; as were the 7 deaths from whooping-cough, of which 5 occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 127 and 149 in the previous two weeks, declined again last week to 135, but exceeded the number in the corresponding week of last year by 31. The causes of 46, or nearly 9 per cent., of the deaths registered in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 27 3, 24·5, and 26·3 per 1000 in the preceding three weeks, declined again to 24·2 in the week ending Nov. 23rd. During the first eight weeks of the current quarter the death-rate in the city averaged 24·9 per 1000, the mean rate during the same period being 16·3 in London and 18·0 in Edinburgh. The 164 deaths in Dublin showed a decline of 14 from the number in the previous week; they included 6 which were referred to "fever," 2 to whooping-cough, 1 to diarrhœa, and not one either to small-pox, measles, scarlet fever, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 19 and 14 in the two preceding weeks, further declined last week to 9; they were equal to an annual rate of 1·3 per 1000, the rate from the same diseases being 1·8 in London and 2·2 in Edinburgh. The deaths referred to "fever" (typhus, enteric, or ill-defined), which had been 13 and 7 in the preceding two weeks, further declined last week to 6; and the 2 fatal cases of whooping-cough corresponded with the number in each of the two previous weeks. The deaths of infants showed a further increase upon recent weekly numbers, while those of elderly persons were fewer by 9 than those in the previous week. Four deaths from violence, but only 1 inquest case, were registered; and 53, or nearly a third, of the deaths occurred in public institutions. The causes of 18, or 11 per cent., of the deaths in the city were not certified.

THE QUEENSLAND DEATH-RATE IN 1888.

The Registrar-General of Queensland has recently issued his report on the vital statistics of this colony in 1888. The report is as usual replete with carefully constructed tables and statistical deductions therefrom, which afford the means for satisfactorily estimating the sanitary condition of the Queensland population. There is one point, however, on which more information that would undoubtedly facilitate the object in view is desirable. This is the age-

constitution of the population, and its effect upon the mortality of this colonial population. In estimating the true import of "death-rates" (meaning the proportion the deaths bear to the population) recorded among colonial populations it is essentially necessary to bear constantly in mind the abnormal age-constitution of such populations. Take, for instance, the recorded death-rates in the various Australasian colonies in 1888. These are stated in Mr. Blakeney's report to have ranged from 9·43 and 12·09 per 1000 in New Zealand and South Australia to 15·30 in Victoria and 16·00 in Western Australia. It is impossible to compare these rates with those prevailing in European countries with any useful result, unless account be taken of the widely different age distribution of the new and old populations. It is scarcely necessary to point out that the populations of our newer colonies necessarily include but a very small proportion of elderly persons, obviously causing a low death-rate, quite independently of the effect of what is generally known as sanitary condition. When, therefore, Mr. Blakeney tells us that the death-rate in Queensland in 1888 was 14·66 per 1000, it is really necessary to inquire what the rate would be if corrected for age distribution. What would the Queensland death-rate be if, for instance, the proportional age distribution in that colony were the same as it is in the mother country? Failing the means for making this correction, which is not given in the report, it is satisfactory to note that the death-rate in Queensland in 1888, although rather higher than in 1887, was 2·3 per 1000 below the mean rate in the ten years 1879–88. With regard to the mortality of the two sexes, it is stated that "the mortality of males was at the rate of 9·49 per cent. of the estimated mean population, and the rate of mortality of females 5·16 per cent. of the same." These figures give no true indication of the sex mortality, as it takes no account of the inequality of the numbers of males and of females in the population. The deaths of males were equal to 16·28 per 1000, and those of females to 12·39 per 1000 living of each sex. In other words, the mortality of males was 131 to 100 of females in equal numbers living of each sex. Thus the excess of male mortality was far greater than in England, where, in 1888, the proportions were 112 deaths of males to 100 of females. Probably, however, the age distribution of the two sexes differs widely in Queensland, and we know that the male mortality is there unduly raised by the exceptional death-rates of the Polynesian labourers, to which we may have to refer on another occasion.

THE SERVICES.

ARMY MEDICAL STAFF.—Deputy Surgeon-General Thos. Tarrant, M.D., to be Surgeon-General, ranking as Major-General, vice W. S. Murray, M.B., granted retired pay (dated Oct. 28th, 1889); Brigade Surgeon Thomas Walsh to be Deputy Surgeon-General, ranking as Colonel, vice T. Tarrant, M.D. (dated Oct. 28th, 1889); Surgeon-Major Wm. Deane Wilson, M.B., to be Brigade Surgeon, ranking as Lieutenant-Colonel, vice T. Walsh (dated Oct. 28th, 1889).

ADMIRALTY.—Mr. David Huey has been appointed Surgeon and Agent at Port Ballintree.

VOLUNTEER CORPS.—*Artillery:* 3rd Middlesex: Acting Surgeon R. S. F. Barnes, M.D., resigns his appointment (dated Nov. 23rd, 1889).—1st Haddington: Surgeon A. D. L. Napier resigns his commission (dated Nov. 23rd, 1889).—The Tynemouth (Western Division Royal Artillery): Surgeon W. P. Mears, M.D., resigns his commission (dated Nov. 23rd, 1889); Acting Surgeon F. C. Mears, M.B., resigns his appointment (dated Nov. 23rd, 1889).—1st London (City of London): David Thomas Key, Gent., to be Acting Surgeon (dated Nov. 27th, 1889).—1st Cheshire and Carnarvonshire: Surgeon W. Haining, M.D., to be Surgeon-Major, ranking as Major (dated Nov. 27th, 1889).—*Engineers* (Fortress and Railway Forces): 1st Lanarkshire: Surgeon J. R. Granger, M.B., resigns his commission (dated Nov. 23rd, 1889).—*Rifle:* 1st Volunteer Battalion, the Prince Albert's (Somersetshire Light Infantry): Acting Surgeon J. M. Harper, to be Surgeon (dated Nov. 23rd, 1889).—2nd Volunteer Battalion, the Prince Albert's (Somersetshire Light Infantry): Acting Surgeon W. A. Hunt resigns his appointment; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement (dated Nov. 23rd, 1889).—2nd Volunteer Battalion, the Royal Welsh Fusiliers: Hugh Jones Roberts, Gent., to be Acting Surgeon (dated Nov. 23rd, 1889).—6th (Fifeshire) Volunteer Battalion, the Black Watch (Royal Highlanders): William Stuart Palm, M.B., to be Acting Surgeon (dated Nov. 23rd, 1889).—4th Volunteer Battalion, the Manchester Regiment: Surgeon-Major, ranking as Lieutenant-Colonel, T. N. Dean resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement (dated Nov. 23rd, 1889).—20th Middlesex (Artists'): Arthur Reginald Field Evershed, Gent., to be Acting Surgeon (dated Nov. 23rd, 1889).—1st Bucks: Acting Surgeon W. H. Bull to be Surgeon (dated Nov. 27th, 1889); Humphry John Wheeler, M.B., to be Acting Surgeon (dated Nov. 27th, 1889).—6th Middlesex (St. George's): Surgeon E. M. Little resigns his commission (dated Nov. 27th, 1889).—1st (Inverness-shire Highland) Volunteer Battalion, the Queen's Own Cameron Highlanders: Surgeon O. Grant, M.B., from the 1st Inverness-shire Artillery Volunteers, to be Surgeon (dated Nov. 27th, 1889).—7th Middlesex (London Scottish): Surgeon F. Matheson, M.D., to be Surgeon-Major, ranking as Major (dated Nov. 27th, 1889).

VOLUNTEER MEDICAL STAFF CORPS.—The Maidstone Division: John Grant, M.B., to be Acting Surgeon (dated Nov. 23rd, 1889).—5th Division Volunteer Medical Staff Corps, Maidstone: John Grant, M.B., C.M. Edin., to be Acting Surgeon.

We understand that Surgeon-General Thomson, the Principal Medical Officer of the British troops in India, will not be placed on the Retired List in March next on attaining the age of sixty, but will have his appointment continued to him for two years. This would seem to indicate the intention of the War Minister to adopt the recommendation of Lord Camperdown's committee, to make sixty-two the age for compulsory retirement of Surgeons-General.

Correspondence.

"Audi alteram partem."

ENGLISH MEDICAL PRACTITIONERS IN FRANCE.

To the Editors of THE LANCET.

SIRS,—A communication has been received by this College from the Foreign Office which appears of so much importance, and so seriously concerns the medical profession and the welfare of a large number of English people who flock to the south of France for winter quarters, that I am desired by the President and Fellows to request that you will be so good as to give it that publicity among members of the profession which the columns of your journal are so well able to afford. The communication in substance is as follows:—

M. Fallières, the Minister of Public Instruction, has informed the English Ambassador in Paris, with respect to English medical men who may be seeking authority from the French Government to practise their profession in France, or to obtain certain facilities for taking a French degree which would confer the right to practise, that it will not be possible in future for his department to give the same favourable consideration to applications of this kind as has hitherto been accorded them, whether received directly by the Minister or through the British Embassy, and that the applications will be refused unless in instances presenting very exceptional claims. The principal reason for this departure from former usage the Minister states to be that the great majority of such applicants are desirous of settling in those winter health-resorts where English people most abound, and that he is informed by the local authorities that these places are already crowded with English practitioners, to an extent prejudicial alike to French and English interests. A further reason given is that, there being a draft law before the Chambers tending to modify the existing regulations with regard to the practice of medicine in France, the Government feel that great discretion is needed in granting fresh permissions to practise under old conditions.

I am, Sirs, faithfully yours,

EDWD. LIVEING, M.D., Registrar.

Royal College of Physicians, London, S.W., Nov. 23rd, 1889.

THE PATHOLOGY OF CHOREA.

To the Editors of THE LANCET.

SIRS,—Your issue of the 23rd inst. contains an article on the above subject by Dr. Garrod, in which he suggests that chorea may be due "to a temporary overgrowth of connective tissue in the nerve centres." With all deference to the opinion of so careful an observer I cannot help dissenting from this view, which seems to me to be scarcely in keeping either with our clinical knowledge of morbid conditions associated with increased growth of connective tissue in nerve centres, or with what we know of the action of the rheumatic poison. The assumption that an increased growth of connective tissue may take place, and that rapidly, in such an important part of the brain as the motor centres, reach a certain point in its growth, remain stationary at that point for weeks or even months, and then pass off without leaving any injurious effects—and may do this again and again—is not in keeping with what we know of lesions of nerve centres characterised by increased growth of connective tissue; and yet all this is involved in Dr. Garrod's hypothesis. The cause of this assumed growth of connective tissue is the rheumatic poison. But what evidence is there that the rheumatic poison is capable of causing increased growth of connective tissue? In structure all white fibrous tissue is very much alike, but in function it varies much. Its chief functions are (1) to support entire organs; (2) to bind together and give support to their constituent parts; and (3) to control and regulate movement. It is on this last that the rheumatic poison acts; the structures affected by it are the fibrous textures of parts of the body associated with movement or strain—joints, muscles, heart, &c. So rarely does the rheumatic poison affect other fibrous textures that, in the vast literature of rheumatism, it is difficult to find cases in which it is quite certain that purely rheumatic disturbance originated in fibrous textures not connected more or less directly with movement or strain of some kind. The fibrous lining of the interior of the skull and spinal canal, the fibrous periosteum, the membranes which invest and give support to the liver, spleen, kidneys, and uterus, and the fibrous connective tissue which is diffused through all the organs of the body, far exceed in quantity the fibrous textures of the large joints and heart; and yet, for once that rheumatic inflammation attacks any of these structures, it affects those of the joints and heart hundreds of times. Again, if the rheumatic poison could cause increased growth of connective tissue in the motor centres, it would also be capable of causing it in liver, kidney, &c., and such a pathological change could not have escaped observation.

Dr. Garrod has been led to make his suggestion because he thinks that the formation of rheumatic nodules may be closely analogous in nature to the vegetations formed upon the valves of the heart, and that these two morbid processes may be merely two phases of a much more general process which may involve any of the fibrous structures of the body. Such a view of the pathogenesis of endocarditis is one which few pathologists are likely to endorse. How on this view of the matter can be explained the fact that the endocardial roughening is limited to the valves and to one side of them—the convex surface in the aortic, the auricular in the mitral—and to a limited portion of these surfaces?

Then, again, all cases of chorea are not of rheumatic origin. How are we to explain the occurrence of those in which no connexion with rheumatism is to be found? Are they, too, due to a temporary increase of the connective tissue of the motor centres? If they are, what becomes of Dr. Garrod's contention that this increase is essentially of rheumatic origin, like the nodules and the endocarditis? If they are not, why assume, on so slender a basis, the existence of such increase in rheumatic cases?

Functional disturbance of nerve centres is so common that in no given case is it necessary to assume physical change in that centre solely because there exists evidence of disturbance. There is no reason why motor centres may not be the seat of functional disturbance. Equally there is no reason why disturbance of a given centre may not be produced by different agencies. There is not evidence to show that in the majority of cases chorea is due to more than functional disturbance of the motor centres, though in some cases it may be. There *is* evidence to show that it is more common in people of rheumatic constitution than in any other class. Why is it so? There must be some reason; what is it? Rheumatism is essentially a disease of the motor apparatus (locomotor and vasculo-motor): Chorea is essentially a disease of the motor centres. In this broad pathological statement we have the clue to the explanation of the fact that chorea is most common in rheumatic subjects. The existence of the rheumatic diathesis implies a liability to disturbance of the motor apparatus. The motor ganglia are an essential part of this apparatus. Those subject to rheumatism are therefore more likely to have susceptible motor centres than those who are not. Thus the rheumatic diathesis predisposes to chorea. But the questions still remain, How is the attack brought about? and Why does chorea occur in only a small percentage of the total number of rheumatic subjects? Here constitutional predisposition (apart from the rheumatic diathesis) plays an important part. The motor centres, like all other parts of the nervous system, are more susceptible and more liable to disturbance in females than in males, and in young people than in those of more mature years. We accordingly find that it is in females and in young people that choreic symptoms are most apt to show themselves.

The rheumatic constitution is by no means necessary to the production of chorea. Youth and sex are more important predisposing agencies. A fright or nervous shock, gastric or uterine derangement, may give rise to chorea, and be the exciting cause of the disease in persons in whom there is neither personal nor family history of rheumatism. But many cases there are—so many that the connexion cannot be accidental—in which a present or prior rheumatic attack, with or without heart affection, is the only cause to which the chorea can be traced. Many cases there are, too, in which a rheumatic family history forms the only noteworthy feature. We thus have two different classes of cases to deal with—those in which chorea occurs in connexion with or subsequently to a rheumatic attack, and those in which there is only a family history of rheumatism. A rheumatic attack means inflammation of an essential and important part of the motor apparatus and general disturbance of the whole system. If nervous shock or derangement of digestive or uterine functions may induce chorea in one predisposed to it, rheumatic inflammation of a joint or of the heart may almost certainly do so too, for rheumatic disturbance of the motor periphery cannot but be regarded as a possible cause of disturbance of the motor centres. Thus the rheumatic diathesis may be the predisposing and the rheumatic attack the exciting cause of an attack of chorea. But the predisposing cause may exist without a rheumatic attack. There may be the family tendency to rheumatism without the occurrence of the disease in a given member of the family. Choreic symptoms may show themselves in such a one without any prior rheumatic attack, the exciting cause being some other disturbing agency. No matter what the exciting cause, the disease is fitly regarded as of rheumatic origin if we recognise that what predisposed and led to its production was the rheumatic constitution of the sufferer. In such a one it is an accident whether the chorea, when it does occur, comes on in connexion with a rheumatic attack subsequently to it, or prior to and independently of it.

I am, Sirs, your obedient servant,

Nov. 25th, 1889. T. J. MACLAGAN.

NOTIFICATION OF DISEASES ACT.

To the Editors of THE LANCET.

SIRS,—Will you have the goodness to give your opinion in reply to the following questions:—

1. Is the householder, or person in charge, legally bound to admit the medical officer of health, and to what extent? If so, has the medical officer of health a right to "inspect" the premises? 2. Is the householder, &c., bound to carry out, or submit to the carrying out of, the directions of the medical officer of health? 3. Is the medical officer of health justified in ignoring the disinfection operations already carried out by the medical attendant, and insisting on his own being executed in addition? (A case has just occurred in my practice where the medical officer of health would not inspect or listen to what I had had done, but insisted on his own directions being followed regardless thereof.) 4. If the "whole house" is fumigated with sulphur by order of the medical officer of health, who is to be responsible for the damage done to decorations, pictures, &c.? Could not compensation be demanded? 5. Can the Act be adopted

on trial for a specified term, or if once adopted is it permanently binding? 6. In a town of 20,000 inhabitants, a public meeting has been convened by requisition by the mayor, and been presided over by him under the advice of the town clerk. A resolution has been passed that no fever hospital shall be erected or maintained. What course is open to the Corporation, as sanitary authority, in reference to the Notification Act? 7. If a shopkeeper is ruined by the publication of the fact of his having fever in his house by the visits of the medical officer of health, is the sanitary authority liable for damages through voluntarily adopting the Act?

Your kind consideration of the above questions will greatly oblige, Your obedient servant,

November, 1889. VERITAS.

*** 1. A medical officer of health has no legal right of entry into private premises merely because he believes or knows that infectious disease prevails there; but he can acquire the legal right under Section 102 of the Public Health Act, 1875, if he has reason to believe in the existence on the premises of a nuisance such as is contemplated under Section 91 of that Act. But, as a matter of actual practice, a medical officer of health is rarely refused entrance to premises. We may add that he has no right whatever to examine the sick; but he is often allowed to do so in conference with the medical practitioner in attendance. 2. The terms of Section 102, already referred to, coupled with the provisions of Section 120 of the same Act, show that it is not so much the directions of the medical officer of health as those which, on his advice, the sanitary authority or the justices require to be carried out, which must be followed. 3. Our answer, speaking generally, would certainly be—No. But we can conceive circumstances in which the duty of a medical officer of health towards the public and his authority might justify him in demanding further measures of disinfection than have already been taken. Such occurrences are, however, rare in the extreme. 4. We imagine that a claim would lie in the case of wilful and unnecessary damage. 5. We gather from the fact that revocation and variation of an Order under the Infectious Disease (Notification) Act, 1889, is limited to extensions in the definition of the term "infectious disease," that no such revocation is contemplated as regards the adoption of the Act generally. But the point is not specifically mentioned in the Act. 6. There is no compulsory power as to the erection of a hospital for infectious diseases either under the Public Health Act or the Infectious Disease (Notification) Act. The responsibility for the consequences of not taking action in this matter under Section 131 of the Public Health Act, 1875, must in such a case lie with the authority. 7. We cannot conceive that any liability for damages can lie against any authority "through voluntarily adopting" an Act the voluntary adoption of which has been approved by Parliament.—ED. L.

HOSPITAL OUT-PATIENT REFORM.

To the Editors of THE LANCET.

SIRS,—In reply to Dr. Harris, I wish to say that, for my part, I should be glad to accept his suggestion that, instead of having a "wage limit" of 20*s.* for single and 25*s.* for married wage-earners, we reduce this to 15*s.* and 21*s.*, and 2*s.* for each child—that is, supposing there be a man and wife and eight children, this man, wife, and family, although making up to 37*s.* per week, would all be eligible for out-door medical aid.

If men with such practical experience as Dr. T. Harris help in solving our difficulties our work will be rendered light. There are some hospital doctors who say to me, "We do not care about abuse, as we only wish to get a hold of the interesting cases." Such may rest assured that when the plan of "wage limits" and inspection come into force the interesting cases will not be taken from them, as such will always be eligible for treatment in the wards. I am sorry to see that petty trade jealousies tend to mar some of our discussions. Let me assure those men who keep "sixpenny dispensaries" and unqualified assistants that the proposed hospital reforms will not injure them.

Mr. Nelson Hardy, I trust, will understand that in the matter of *details* I am very anxious to agree to any practical changes in the proposed tariff of fees. I do not advocate any alliance with chemists, but merely have said that we might follow the plan pursued by hospitals and doctors holding club appointments. The former frequently contract with chemists for the supply of drugs all the year round, taking the price-list of a certain month, this price to remain good for twelve months. Doctors often contract with the chemist to dispense each prescription at 4½*d.* If we do not secure the aid of the chemists, they will only enter into fierce competition with us, and will have a number of doctors in their back parlours to prescribe for patients. If anyone supposes that the system of "free medical aid" is to be extended to the entire community, after the plan of the Poor-law Service, thereby throwing greater taxation on the already overtaxed middle classes, then I think such a millennium is very far off. Doctors have now been agitating for the last forty years for a reform of our medical charities. Is it not, therefore, time we adopted those practical efforts as made in Manchester, and ceased pursuing visionary proposals?

I am, Sirs, yours faithfully,

Liverpool, November, 1889. ROBERT R. RENTOUL.

DR. RENTOUL'S SCHEME: THE GENERAL PRACTITIONERS HOAXED.

To the Editors of THE LANCET.

SIRS,—A special meeting of the Metropolitan Branch of the British Medical Association was held in the board-room of Bethlem Hospital on the 13th inst., for the professed purpose of obtaining the opinion of the profession in South London upon the so-called "scheme of Dr. Rentoul," and an invitation was given to all practitioners to attend it. The meeting was tolerably large, and, from what I could observe of it, the non-members of the Association outnumbered the members. Mr. John Page Hentsch rose to move the following resolution: "That this meeting considers Dr. Rentoul's scheme impracticable, and that even if it were practicable it would be disadvantageous to the great bulk of the general practitioners"; but the chairman ruled that he could not put it, for the reason that he was not a member of the Association. Hereupon Mr. Campbell Boyd, a member, moved the resolution for Mr. Hentsch, and it was seconded by Mr. Oldfield, another member. When the resolution was put to the meeting it was ruled by the chairman that non-members could not vote; nevertheless, the members of the Association carried it with applause, and by a majority of nearly three to one. Non-members, as I have stated, were not allowed to move resolutions nor to record their opinion by voting. Therefore I say they were simply hoaxed by the invitation they received. But such are the ways of the officials of the British Medical Association, and I for one am in no way surprised.

I am, Sirs, faithfully yours,

Nov. 25th, 1889. R. H. S. CARPENTER.

THE DETECTION OF COLOUR-BLINDNESS.

To the Editors of THE LANCET.

SIRS,—Since the publication of my letter in THE LANCET, an example of the practical worthlessness of Holmgren's test has come to my knowledge. Mr. Clement Stretton informs me that when members of the Associated Society of Locomotive Engineers and Firemen fail in this test, they are privately instructed by girls in wool shops, and then pass with ease. Those who support Holmgren's method may doubt whether these were true cases of colour-blindness. I am inclined to think that they were. At any rate it is possible to instruct a red-green colour-blind so as to enable him to pass through Holmgren's test with ease. I have taught an uneducated red-green colour-blind (of course not an applicant for railway employment) to pass through Holmgren's test with less than five minutes' instruction. He picked out the correct colours with ease and certainty. Previously he had picked out the ordinary confusion colours. Holmgren has been the chief advocate for the method of matching colours as against that of naming them. But the method of matching colours should, to be properly carried out, be one of mentally

naming them. For instance, if a man say to himself, "This test colour is green, therefore I must pick out all the colours having this hue of green in them," he will go through the test as it should be gone through; but if on looking at the wool he be influenced more by shade, he will put light blues, yellows, greys, and browns with the light green. This will be especially liable to happen in cases of the lesser degrees of colour-blindness in which the green is simply enlarged and encroaches on the yellow and blue.

The question then comes up for consideration, What are the differences between matching and naming colours? When a person is asked to name a colour, without being allowed to compare it with other colours, he has to compare the present impression of colour with those impressions already in his mind. In order, therefore, that he may be able to name colours he must at least have an elementary knowledge of colour names. A person who is required to match colours may be guided chiefly by colour or chiefly by shade—in fact, by similarity of any kind. A person who has been educated with regard to colour will be chiefly influenced by colour, but a man who has only an elementary knowledge of colours will be influenced considerably by shade. But if we compare the two methods with persons belonging to the educated classes we shall see how inferior the method of matching is to that of naming. Let us take 150 wools and examine two similarly colour-blind educated persons with them. The first is asked to classify the wools, putting all those of similar colour together; the second is asked to name the whole of the wools one by one. It will be found that the second person will make very much more numerous mistakes than the first. The reason of this is obvious; in the case of naming colours, the person has only the impression present in his mind to enable him to name a colour correctly; in the case of matching colours he has other colours present with which he can compare the test We all know what to do when we are doubtful what to call a colour—namely, compare it with some colour that there is no doubt about. Slight differences of colour become more marked on comparison. It will thus be seen that the method of matching colours is really very inferior to the method of naming them, if an equal number of colours be taken. Holmgren's comparison was hardly a fair one, as he compared his method with 150 colours and the method of naming with about six colours. The argument he uses about colour ignorance is a fallacious one, because a candidate ought to know the names and qualities of the four principal colours—red, yellow, green, and blue. He has to name a light without comparison, when at work. In my Classification Test I tried, by the introduction of different test colours and various materials, to get rid of the disadvantages of comparison, and partially succeeded. The test, however, is very inferior to that with a lantern and neutral glasses.

I am, Sirs, yours faithfully,

F. W. EDRIDGE-GREEN, M.D.

Finsbury-park, Nov. 23rd, 1889.

"MEAN DURATION OF LIFE."

To the Editors of THE LANCET.

SIRS,—Dr. Glover Lyon completely exposes the absurdity of treating the mean age at death as a test of health conditions, and he further shows that the "mean duration of life for the year" is a quantity of little or no practical value, but he appears to be unfamiliar with the technical meaning of the term "mean duration of life." As used by statisticians, this term is neither more nor less than a synonym for "expectation of life at birth." If we could find a population in which for a century or more the rates of mortality at the various ages had remained constant, while the births in each year had exactly equalled the deaths, and *the age-distribution had not been disturbed by migration*, the mean duration of life would be shown by the formula

$$\frac{\text{Number of persons living}}{\text{Deaths in a year.}} \text{ or } \frac{1000}{\text{General death-rate per 1000.}}$$

Had the births exceeded the deaths, the quotient $\frac{1000}{\text{Death-rate per 1000}}$ would be *greater*, and had the births fallen short of the deaths it would be *less* than the true mean duration of life. To meet these cases formulæ have been devised for estimating a "corrected" death-rate, somewhere intermediate between the crude death-rate and the birth-rate. Such formulæ are, however, of very limited application, and are apt to be altogether misleading when (1) the births differ much from the deaths, or (2) the age-distribution of the population is disturbed by migration. Under either of these circumstances the "mean duration of life" can only be ascertained by the laborious process of constructing a Life Table. Whenever the result of one of the formulæ of approximation mentioned above is much in excess of the "mean duration of life" as shown by Life Tables based upon selected healthy districts or classes, there is reason to believe that the age-distribution is so affected by migration as to render the method useless.

It may be worth while to point out what a mean duration of life of 73·60 years (attributed by Dr. Corfield to the population in part of his district) would really denote. For every child that died under one year of age *seven* must survive till eighty-four, or *ten* till eighty-one, or in some other such way the mean, 73 60, must be made up. It would be interesting to see the figures of a Life Table according to which the majority of the deaths occurred between seventy-three and a hundred years of age.

I remain, Sirs, yours faithfully,

Nov. 23rd, 1889. A. C. WATERS.

CIRCUMCISION.

To the Editors of THE LANCET.

SIRS,—The following chapter from Celsus (lib. vii., cap. xxv.) will explain to Mr. Lancelot Newton what the operation was which enabled men once circumcised to become uncircumcised a second time. "From diseases of the groin we must proceed to operations upon the penis itself. If the glans be bare and the person is desirous for the sake of appearance to have it covered it may be done, but more expeditiously in a boy than in an adult; and more easily in one to whom it is congenital than in him who, according to the custom of some nations, has been circumcised, and also where the glans is small and the prepuce about it more ample, the penis itself short, than in him where there is the reverse of these circumstances. The cure in those in whom it is congenital is thus performed. The skin about the glans is to be taken hold of and extended until it covers it, and tied there; then a circular incision is made near the pubes until the penis is laid bare, and great care will be necessary less the passage for the urine or the veins there be divided. This being done, the skin is drawn towards the ligature, so that a denuded circle appears near the pubes; over this lint must be applied that the flesh may grow and fill it up and the breadth of the wound may afford a sufficient covering to the glans. But the ligature must be continued till a cicatrix is formed, leaving in the middle a small space for the passage of urine. But in a person who has been circumcised an incision is to be made round the glans, detaching the skin from the body of the penis beneath, with a knife. This is not very painful, because the extremity being loosened it may be drawn backwards by the hand as far as the pubes, and no hæmorrhage ensues. The skin being freed is extended again over the glans; then it should be bathed with plenty of cold water, and a plaster applied round it sufficiently efficacious to repress inflammation. On the subsequent days the most rigid abstinence must be enjoined, lest by chance a full diet might excite an erection of that part. When the inflammation has terminated, it ought to be bound from the pubes to the corona glandis, a plaster being first put on; then the skin is brought over it, for it so happens that the lower part may be united and the upper heal without adhesion."

I am, Sirs, your obedient servant,

Plymouth, Nov. 6th, 1889. EDWARD E. MEERES, M.D.

CELLULITIS OF THE NECK FOLLOWING TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—In the remarks which Surgeon-Major Harrison appends to the careful and interesting account of a case of cellulitis of the neck following typhoid fever which he has recently placed on record, he has not ventured upon any hypothesis to account for the supervention of this formidable complication. It is therefore, perhaps, a little presumptuous for one who did not see the patient to offer suggestions. However, on reading his account, I was reminded of a specimen, preserved in Guy's Museum, which was taken from a boy aged ten, who died of enterica, under the care of Dr. Addison in 1857. It is thus described:

"A larynx showing a deep excavation at the posterior attachment of each vocal cord. The blue rod indicates the communication between the ulcer and the connective tissue outside the larynx. The boy became affected with general surgical emphysema in the second week of his illness, was unable to swallow, and died at the beginning of the third week." Similar deeply excavated ulcers are also seen in several other specimens of typhoid laryngitis, and in no instance was their existence suspected during life. It occurs to me that possibly the cellulitis of the neck which Dr. Harrison has described had its origin in a perforating ulcer resembling that found in Dr. Addison's patient.

I am, Sirs, yours truly,

St. Thomas's Chambers, S.E., Nov. 22nd, 1889. E. C. PERRY.

THE MORTON LECTURE ON CANCER.

To the Editors of THE LANCET.

SIRS,—Mr. John Marshall, in his masterly lecture on Cancer, courteously mentioned my method of treatment by electricity; but he spoke of the "requisite repeated application of electricity." My further experience teaches me that usually a repetition of the application is unnecessary, and that one operation will cause atrophy of the growth. My first patient was under treatment for a little over three weeks in August, 1888, but since then it has not been necessary to repeat the applications. The majority of my cases have been those in which the knife had failed or in which the disease had progressed too far for the knife. With most of these I have had to operate more than once, because there has been so much growth that it could not all be treated at one operation. The theory that cancer is probably due to an escape of healthy cells from the control of the nervous system was brought forward by me in my first paper published in the *Brit. Med. Jour.* of April 27th last, and my method of treatment was based on this hypothesis.

I am, Sirs, yours faithfully,

Collingham-place, S.W., Nov. 1889. J. INGLIS PARSONS.

THE ICE-BAG TREATMENT IN PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—*Apropos* Dr. Lees' paper at the Harveian Society on the Treatment of Pneumonia by the Ice-bag, may I say that when I was in Vienna in the autumn of 1867, following Skoda's Klinik at the Allgemeine Krankenhaus, he was treating his pneumonias with poultices (bags) of pounded ice. Though doubtless this fact is well known to our chest authorities, nevertheless they and you will, I hope, pardon me this reference to it.

I am, Sirs, your obedient servant,

Worcester, Nov. 21st, 1889. TOM BATES.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle.

WITH reference to the prevalent high death-rate in Newcastle, the medical officer of health, Mr. H. E. Armstrong, has sent some tables and statements to the papers, which go to show that the principal cause of the increase of deaths has been constitutional diseases, especially those liable to be affected by change of weather, while thirteen deaths had been registered in the period referred to in which no proper certificate of death had been given and no inquest had been held. Mr. Armstrong states also that it must be borne in mind, as stated in the weekly reports of the Registrar-General, "that the population of Newcastle is under-estimated." I do not say that this is not so, but many people think here that the huge and expensive system of the corporation does little or nothing for the health of the city, and that scavenging and improved dwellings would do more than sanitary committees, statistics, or even compulsory notification of infectious diseases. I believe so far back as 1866 a sanitary committee recommended the abolition of the ashpit system, so far at least as new dwellings could be brought within its scope, and yet this old and expensive system goes on to this day, and of course it is extending at the same time with the growth of the city.——In an able lecture the other night, Dr. W. Murray was very severe on the School Board system of education, which he characterised as a tremendous engine of destruction to a host of the best people in our midst; to the scholar of sluggish brain and feeble constitution; to the pupil teacher; to the schoolmistress and to the schoolmaster, who endeavour to make ends meet by obtaining the Government grant. In speaking of the necessity for keeping the organism in correspondence with its environment Dr. Murray claimed to have anticipated Herbert Spencer in the application of this principle to the health as well as to the life of the organism. In evidence of this he quoted from a paper contributed to the *Journal of Anatomy and Physiology* nearly thirty years ago.

Darlington.

The Darlington papers are rejoicing in the possession of a lady who has just attained, they say, her 107th year of age. She was born at Gallow-hill, Yorkshire, a mile or two from Barnard Castle. She has yet a clear ringing voice. The good old dame, it is said, got her second sight some eighteen years ago, and can now see without glasses. Her eldest surviving son is eighty years of age, and lives at Distington Hall, Cumberland.——I regret to hear that the York County Hospital is sadly in debt; however, the York county ladies have taken the matter in hand, and as a first step have arranged for a grand and fancy ball, which is to take place in the Assembly Rooms at York on Jan. 2nd next.

Newcastle-on-Tyne, Nov. 26th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

EDINBURGH.

Edinburgh Health Lectures.

THE third lecture of the course on "Nerve Exhaustion" was delivered by Dr. Berry Hart on Saturday night. Dr. Hart considers that nerve exhaustion is much more common in this country than is supposed. In the case of women it was not sufficient to prove that they could do certain things as well as men. It must be seen too that in doing them the bodily constitution of women did not suffer. The best women were those who could enter into competition with men successfully, but these were the mothers who suffered from bodily and nervous exhaustion, and whose sufferings were handed on to their children. In addition to going over the subjects of schools, long hours, and play-grounds, the lecturer broke up new ground, part of it at any rate. There was no doubt, he said, that women in shops not only had long hours and continued strain, but they were denied even the simple matter of a seat during work hours. They were often, indeed, too tired for recreation after their work. The same held good with domestic servants. Much of the want of harmony between mistress and maid was due to the lowered nervous tone which comes on in women who had the long hours and little recreation of a servant. It was surely possible that servants might arrange among themselves so as to give each other a day's outing occasionally; their mistresses in turn would soon find the inconvenience to themselves amply compensated for by the smoother working of that great cause of health depression to women—housekeeping. After speaking of the necessity for rest, good food, and fresh air for the jaded mind, Dr. Hart spoke strongly against the use of sedatives and stimulants, by which so many valuable lives had been wrecked. How foolish, he said, to use that which merely goaded on a jaded mind to leave it more wearied or to establish a habit of narcotism. Any sacrifice, he pithily put it, should be made before mortgaging one's body and soul to such "Shylocks" as drink, chloral, or opium. Such a lecture must have an influence on the opinions of those who have the charge of young girls, and it was good sound common-sense treatment of a most difficult subject. The chairman, Dr. Peel Ritchie, said not one word too much in his eulogistic speech on his motion that a vote of thanks be accorded to the lecturer.

Infirmary Sunday.

Last Sunday collections were made in all the churches on behalf of the Royal Infirmary. Pulpit references were also made in most cases, but in none were the words more appreciative of the work done than those uttered by

Dr. Walter Smith in the Free High Church, who, after contending that God was the God of health as well as of salvation, said that he had no sympathy with a cold and pitiless form of religion that could behold with indifference suffering and pain, and only point the sufferer to a better world where there should be no more pain. The work of the Royal Infirmary breathed the very spirit of Christian compassion. He spoke of the gratuitous labours of men of the highest skill there given, of the patience and gentleness of women highly cultured, who without fee or reward had consecrated themselves to the waiting on the sick, and of the watchful care of others to whom this task was a work that no wage could repay. Sad as it was to go through the wards, one could not help being struck by the comfort and cleanliness of the place, and how gratefully the services rendered by those in charge were regarded by one and all. In so far as people aided in healing the sick they were fellow-workers with the Lord.

Erroneous Reporting.

Last Friday a paragraph appeared in one of the lay papers to the effect that "a woman had died while under chloroform in one of the operating theatres of the infirmary." It went on to say: "Her history was that she had had a tumour in the middle line of the neck for the last nineteen years. Last year it began steadily to increase, and she therefore came to have it removed. How the death came about has not been explained. Artificial respiration was resorted to without success, and as a final resort tracheotomy was performed, but also without avail." On careful inquiry it is found that the patient never came completely under the influence of chloroform at all, and it is stated that the tumour spoken of above had almost obliterated the tracheal canal, and that death was actually from suffocation. It is a great pity that such misleading and half correct paragraphs should find their way into the papers. They shake the confidence of patients, and in some cases it is absolutely impossible to undo all the damage thus, often unthinkingly, done.

Pharmaceutical Society.

At the first meeting of the session of the North British Branch of the Pharmaceutical Society, Professor Fraser, in his inaugural address, suggested that a university diploma should be given to those who, having passed through a defined compulsory curriculum, were successful in passing certain examinations. Existing university regulations would cover part of the work, and the issue of a diploma by the university would be a valuable recognition of a higher education than was at present within their reach, and would enable them to engage in a higher species of work than at present, as, for example, that of public analysts. It would, he thought, be advisable to approach the New University Commission, who would most probably grant facilities for the carrying out of such a curriculum, if proper representations were made.

The Royal Medical Society.

The meeting for the election of office-bearers in the Royal Medical Society took place several weeks ago, but as yet no list has appeared in most of the journals. The Presidents for the year are—Mr. W. G. W. Sanders, M.B., C.M.; Mr. A. D. Turner, M.B., C.M.; Mr. James Ritchie, M.A., M.B., C.M.; Mr. R. O. Adamson, M.B., C.M. Secretaries: Mr. R. D. Rudolf, M.B., C.M., and Mr. James Middlemass, M.A., B.Sc., M.B., C.M. Chairman of Finance Committee: Mr. George C. Cathcart. Curator of Library Committee: Mr. C. D. Sutherland. Chairman of Museum Committee: Mr. H. G. Huie. Editor of Transactions: Mr. R. E. Horsley., M.B., C.M.

Legacies to Edinburgh and Leith Hospitals.

Amongst other legacies announced as made by the late Mr. Robert Tweedale of Madeira-street, Leith, are two of £500 each, one to the Edinburgh Royal Infirmary, and one to the Leith Hospital.

Edinburgh, Nov. 26th.

GLASGOW.

Opening of the Medical Schools.

The various medical schools of Glasgow, intra-mural and extra-mural, were opened a few weeks ago, and are now in the full swing of work. In opening the session at the University, Professor M'Call Anderson referred to the benefaction by which the University had profited during the past thirteen years, and mentioned specially the Students' Union. He advocated the cause of the Union Bazaar, which is to take place at Christmas. In speaking of changes made in the curriculum, he was not sure that the recent Arts course gave the best preliminary culture to the student of medicine, as in it Latin and Greek bulked too largely, to the exclusion of modern languages. He condemned cramming and the examination mania, and looked forward to the time when the student's inducement to work would be not simply his desire to pass an examination, but the cultivation of his mind and the amassing of knowledge. He objected strongly also to the dissociation of the examining from the teaching function, and finished by discussing some of the recent advances in practical medicine, with special reference to the relief and cure of medical ailments by surgical means. The new buildings of Anderson's College Medical School were formally opened by an address from the President of the board of governors, Mr. T. A. Mathieson, in the course of which was given a very interesting account of the rise and progress of the school. The Royal Infirmary School starts this session on a new career at St. Mungo's College, the floating of which gave rise to so much heart-burning a few weeks ago. At the opening Principal Blackie gave a sketch of the proposed arrangements in the various Faculties in the College, and followed this up with a historical account of education in Glasgow, with special reference to University education, beginning with the labours of St. Kentigern 1286 years ago, and ending with a criticism of University organisation at the present time.

Medical Education of Women in Glasgow.

The opening address at St. Margaret's College, delivered by Professor McKendrick, was marked by a long and important discussion of this question. Beginning with a statement of the interest he had in the movement, an interest which had originated years ago in Edinburgh when the whole question had been keenly debated, the lecturer gave his voice against the teaching of mixed classes of male and female students, and announced that the propriety of starting a medical course for women was under the consideration of the Council of the College. As regards clinical instruction, it would not be difficult to find clinical teachers and an adequate field of clinical material in the Victoria Infirmary.

Disturbance at the University Graduation Ceremony.

At the University graduation ceremony a few days ago a disgraceful and unprecedented scene occurred. It seems that the Senate had taken offence at the noisy and boisterous horseplay indulged in by the students at such ceremonies, a kind of licence which has hitherto been looked upon with a lenient eye, but which in April last was more pronounced than usual. To put an end to these demonstrations the somewhat commonplace remedy of a lock-out suggested itself to the Senate; the "capping," instead of being conducted in the large Bute Hall, took place on this occasion in the Randolph Hall, a small apartment which at most holds about 150, only graduates and their friends being admitted, by ticket, the students being thus forcibly excluded from a function in which they have "assisted" from time immemorial. The result, though it might have been expected, was deplorable. The hall was besieged, and a riot took place in which violence went far beyond anything on record in Glasgow. The professors in passing through the crowd were hissed, mobbed, and assaulted; Sir Geo. MacLeod had his gown torn off his back. Another professor, who had seized a student, was roughly handled, thrown down, and escaped to the Senate room with difficulty. When, after a severe struggle, the door of the hall had been shut, an assault was made upon it with an improvised battering-ram, by means of which several panels were driven in, and through the opening thus made bucketfuls of water were thrown on professors and spectators in the hall. The noise and disturbance were such that the whole ceremony was conducted pretty much in dumb-show, while the audience, especially the ladies present, were much alarmed. The violence used and the determination with which the students carried on the struggle are evidence of the keen feeling of resentment aroused by the action of the Senate. It was a very impolitic move on the part of the Senate to resort to such a drastic and unpalatable remedy as exclusion of the undergraduates from the ceremony; on the other hand, it is impossible to defend the violence of the students (however easily it may be accounted for), more particularly as they

now have, in the Students' Representative Council, a constitutional and recognised channel through which they can approach the Senate for the statement and arrangement of any grievances. It is to be hoped for the good name of the University that the quarrel may be amicably adjusted, a matter which should not be impossible if a kindly feeling and a disposition to yield a little be displayed by both sides.

Glasgow, Nov. 27th.

ABERDEEN.

The Medico-Chirurgical Society.

At the annual meeting of the Aberdeen Medico-Chirurgical Society, held on the 21st inst, the following office-bearers were elected:—President, Dr. Smith Shand; vice-president, Dr. Garden; secretary, Dr. Edmond; recording secretary, Dr. MacGregor; treasurer, Dr. John Gordon; librarian, Dr. Gibson; members of Council—Dr. Angus Fraser, Dr. Rodger, Dr. McKenzie Booth, Dr. Gibson, Dr. W. H. Williamson. The Society completes its hundredth year next month, and in celebration of the centenary the members are to dine together in their own hall on Saturday, Dec. 14th. A number of prominent citizens and the members of Parliament are to be invited as guests, and each member may invite one guest.

The University Assessorships.

By the withdrawal of three candidates a contest in the election of representatives from the Council to the University Court has been avoided. Dr. Angus Fraser is the choice of the medical profession. At a meeting of the committee appointed to promote his candidature, held on the 21st inst., Dr. Fraser was present, and there was handed to him a requisition, signed by 620 medical graduates, requesting him to allow himself to be nominated as one of the assessors to the University Court under the new Act. The promised support from the local profession was practically unanimous, and among the other signatures occur the names of Sir Arthur Mitchell, K.C.B.; Sir Gayer Hunter, K.C.M.G.; Professor Ferrier, LL.D.; Dr. Mitchell Bruce, London; Professor Cossar Ewart, Edinburgh; Dr. James Ross, LL.D., Manchester; Dr. Bruce, Dingwall; Dr. James Anderson, London; Dr. Stephen Mackenzie, London &c. Dr. Fraser expressed his gratification at the hearty way in which his name had been received by his professional brethren, and at once agreed to place his services at their disposal.

Aberdeen, Nov. 27th.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

The Entries at the Dublin Medical Schools.

THE following is the official list of the anatomical entries for the session 1889-90:—Schools of Surgery, R.C.S., 285; School of Physics, Trinity College, 231; Catholic University, 119—total, 635. This return shows a falling off as compared with recent years.

Enteric Fever in Dublin.

During the nine weeks ending Nov. 16th the deaths recorded from enteric fever in Dublin amounted to 76, or an increase of 53 as contrasted with the previous nine weeks. In consequence of the prevalence of the disease in this city the War Office has countermanded all orders for reinforcing drafts to join battalions in Dublin from their regimental depôts in the sister countries. The drainage of the city, I believe, has a good deal to do with this outbreak, and until we possess a proper main drainage these outbreaks will necessarily occur. As, however, the cost of a system of intercepting sewers has been estimated at from half to three quarters of a million of money, the corporation have not seen their way to add additional taxes to the already over-burdened ratepayers, and the project has disappeared for a time. Sooner or later it must be dealt with, and a plan of Mr. Vaughan, an eminent Belfast civil engineer, has recently come under notice, while his estimate for the entire work has been fixed at £100,000. Mr. Vaughan's plan is designed to get rid of the sewage in its crude condition at the furthest possible point, and he proposes that a locality north of Baldoyle should be taken as the place of outfall. There, he says, it will be caught by the great ocean current, which passes along the eastern coast northwards at the rate of between three and four miles an hour, and be carried past Portmarnock Point, and thence outwards till it is lost in the ocean. From Cush Point he would carry an outfall sewer along the coast line to Ballybough Bridge, and by that route reach the city, taking in the townships. The scheme appears practicable, and no doubt will receive consideration when the subject is again under discussion.

St. Mark's Ophthalmic Hospital.

The governors are making a special appeal for funds to enlarge this institution by fifty beds. The hospital is overcrowded, and only a moiety of the applications for admission can be entertained. The demand for additional ward accommodation has become a matter of pressing necessity, which can only be met by an extension of the hospital boundaries and buildings, with the beds increased to 100.

Health of Cork During October.

The mortality, excluding 25 deaths which occurred in the workhouse, amounted to a rate of 15·90. Of these, 13 were due to zymotic affections. The dispensary medical officers report the occurrence of 43 cases of zymotic diseases during the month, two-thirds of which were cases of scarlatina, and only 2 cases of typhoid fever, being the lowest record for the month of October for the past five years.

Mr. G. F. Blake has been appointed Registrar of the College of Surgeons in the place of Mr. Brennan, deceased. Mr. Blake will also act as librarian.

The Royal Society of England has conferred on the Provost of Trinity College, Dublin, the Copley medal for distinguished writings and discoveries.

Dublin, Nov. 26th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Opening of the Medical Session.

THE various courses and cliniques are now in full swing. The anatomical, physiological, pathological, and bacteriological classes are installed this year in the lately constructed and extensive block of buildings forming the new school in the Rue de l'École de Médecine opposite to the old school. To the latter is being added a magnificent new library and examination rooms, so that whatever may be thought of the structures from a practical and architectural point of view—and here it appears that, as in the case of your own law courts, there is room for a second opinion—there is no doubt that they give an imposing appearance in passing, and would seem at first sight, provided one is not too critical as to details, to be a temple well worthy the science to which they will henceforth be devoted. The dissecting rooms are certainly the finest I have ever seen, and I doubt if they are equalled, much less surpassed, anywhere. There are no less than eight of them, each room containing about twenty-five tables, with prosectors' and demonstrators' rooms, and a complete set of lockers and lavatory attached, and entirely separated from the adjoining dissecting hall. Professor Farabœuf has a large and efficient staff of demonstrators under him, so that, in addition to the general systematic lecture on anatomy, at which attendance is not compulsory, demonstrations and individual instruction are given all day in the several dissecting halls, the students being classed in the various rooms according to seniority in study. Here constant attendance and work are insisted upon for at least two years. The systematic lectures on medicine, surgery, midwifery, &c., are still given in the old school, there being generally two lecturers for each subject, one of whom takes the first half and the other the second half of the session. Attendance on these lectures, although invited, is not compulsory, the student being free to ignore them altogether. At the cliniques at the several hospitals, however, the case is different. On these regular attendance is rigidly exacted. The student must be "signed up" for his hospital work by the physician or surgeon to whose clinique he is attached. The clinical courses also had their beginning last week. One of the largest of these is that on diseases of the nervous system by Professor Charcot. At this clinique the first thing that strikes an onlooker is the number of men well on in life who follow the course; another thing is the strange mixture of almost all nationalities of which the audience is composed. Although the attendance is very numerous, and at times

even crowded, one can always see and hear all that passes, for the lecture room at the Salpêtrière is large, and constructed rather after the manner of a concert hall, with a stage at one end sufficiently elevated on which the professor has his patients. M. Charcot is a distinct and facile speaker, and soon rivets attention by the simplicity to which he seems to reduce the most difficult problems in this comparatively abstruse branch of medicine. He delivers two such clinical lectures in the week. On Tuesday it is a polyclinic—that is to say, he takes the out-patients with affections of the nervous system just as they may happen to present themselves for advice. On Friday he gives a more or less prepared lecture, the subject for which is selected from amongst the cases recently admitted. Last week he gave the first of these lectures, the subject being Syringomyélie. He showed on the platform two patients the subjects of this malady, one a male and the other a female. The descriptive details and clinical aspects of this singular disease are much too long to enter into fully here, and a mere *résumé* of the differential signs would profit little. The subject is a highly interesting one, however, and is fully described in Professor Charcot's "Leçons du Mardi," which are published in, I think, monthly parts during the session. These *leçons* are simply his clinical lectures taken down as he delivers them on the spot, without any notes, by a shorthand writer. They are to be highly commended to all students in neuropathology, and are extremely cheap. Another important item of the opening of the new session was the inaugural lecture by Professor Verneuil at the Surgical Clinic at the Hôtel Dieu. It is the custom for the Senior Professor of Clinical Surgery to be attached to this hospital. This post being vacated recently by the retirement of Professor Richet, Professor Verneuil, the next in the order of seniority, came over from the Hôpital de la Pitié, and will henceforth have charge of the surgical clinic at the Hôtel Dieu. He was greeted on his first appearance in the senior chair by a large audience, composed mostly of his old house surgeons and pupils, who, of course, greatly applauded their old teacher in his interesting and chatty discourse. M. Verneuil remarked that he at last found himself occupying what was considered the senior place in French surgical teaching, and seated in the chair which was held by such illustrious French surgeons as Dupuytren, Velpeau, and Nélaton. He next dwelt on the importance of his hearers cultivating that which was formerly one of the glories of French medicine and surgery—viz., the science of diagnosis,—and then passed in review the immense revolution which the new science of bacteriology had created in our surgical pathology, and how the almost autocratic precepts of our older masters were forced to bend before the new light daily thrown on the subject by the modest pupils of Pasteur and Lister. After having referred to his age, he concluded a very eloquent address—for M. Verneuil is a fluent speaker—by thanking so many of his old pupils for coming, as he said, to salute the last beams of a setting sun.

The Medical Staff of the Paris Hospitals.

At the present moment there is an agitation on foot to increase the visiting staff of the Parisian hospitals. Complaint is made that in some of the hospitals where the pressure is great some of the physicians and surgeons have charge of more beds than they can very well attend to. In addition, the medical officer of a Paris hospital has also to attend to the out-patient department, for the system of appointing assistant physicians and surgeons which works so well in the English hospitals does not obtain here. This probationary term is put in at the Central Bureau of the hospitals, appointment to which as physician or surgeon is obtained by open competition amongst Frenchmen or naturalised Frenchmen only. In consequence, however, of the slowness in promotion, a physician or surgeon finds he has generally reached the age of forty-five before he becomes attached to a hospital. It is proposed to remedy this state of things by limiting the number of beds in the charge of each of the staff to between thirty and fifty.

Paris, Nov. 26th.

HOSPITAL SATURDAY FUND.—The Lord Mayor has been elected President of the Hospital Saturday Fund, in succession to Sir James Whitehead, who during the year of his mayoralty took an active part in promoting the penny-a-week subscription and in developing the workshop collection.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

Actinomycosis of the Tongue.

A CASE of actinomycosis of the tongue, interesting on account of the manner of infection, has recently been treated here by Dr. Maydl. The patient was himself a physician, acting as a veterinary inspector at a Polish town, where he had to watch over the importation of cattle from Russia. As he had to look sometimes through hundreds of papers containing the particulars of the consignments of cattle, he became accustomed to moisten his fingers on his tongue, in order the more easily to turn over the numerous sheets of paper presented to him by the cattle drivers. After indulging in this habit for some months he observed a swelling of his tongue, which he feared at first to be a cancer; but taking also into consideration the fact that several cases of actinomycosis had been observed among the cattle examined by him, he believed in the possibility of an infection by the disease. The microscopical examination of the pus discharged revealed the presence of actinomycosis. The actinomycotic abscess was scraped out, and the patient recovered soon after the operation.

Extirpation of a Seminal Vesicle.

Dr. Ullmann, assistant of Professor Albert, has recently extirpated the seminal vesicle and the vas deferens on the right side in a patient, aged nineteen, who some weeks ago had been castrated on account of tuberculosis of the right testicle. The operation was performed to prevent the infection of the genital organs on the left side, which seemed to be healthy. The incision was made through the perineum, and then the infiltrated right vesicle and the right vas deferens were removed, while the corresponding organs on the left side remained intact. After a few weeks the wound was healing perfectly and the patient is now in good health.

Post-graduate Courses in Vienna.

The number of American and English physicians attending courses in Vienna has again increased this year. Over eighty fresh students arrived here last month from America and England. More than sixty courses on various branches of medicine are conducted here during the whole session. They last from four to six weeks. The courses on Laryngoscopy, Ear Diseases, and Gynæcology are especially well attended. It is hoped that the proposed Anglo-American Medical Association will soon be formed, as its bye-laws will be approved by the Austrian Government within the next few days. Students can easily obtain information here as to the courses, a list of which is published every week by the *Vienna Weekly News*, and is posted on boards &c., at the Medical Inquiry Office, IX., Maximiliansplatz, 13, and at the English Library, I., Landesgerichtsstrasse, 12.

A New Hospital.

The wards for internal diseases at the new hospital (Franz-Josephs-Spital) have now been opened. The hospital, which is some distance outside the town, is built on the pavilion system, and when completed will afford accommodation for 600 patients.

Vienna, Nov. 25th.

Medical News.

UNIVERSITY OF LONDON: M.B. EXAMINATION.—The following candidates passed the examination for Honours in October, 1889:—

First Division.—Henry Moore Bowman, St. Bartholomew's Hospital; Rubert William Boyce, University College; Hubert C. Bristowe, St. Thomas's Hospital; Henry Johnstone Campbell, Guy's Hospital; Percy James Duncan, Charing-cross Hospital; Frank Fawssett, St. Thomas's Hospital; William Soltau Fenwick, London Hospital and Strasburg and Berlin; John Arthur Hayward, St. Bartholomew's Hospital; Charles Arthur Kent, B.Sc., University College; Charles MacGowan Kitching, Guy's Hospital; Joseph Johnston Macgregor, St. Bartholomew's Hospital; Robert Devereux Mothersole, Guy's Hospital; John Edward Platt and Charles Fredk. Seville, Owens College and Manchester Royal Infirmary; Edgar Olive Turner, University College.

Second Division.—Horatio Geo. Adamson and Launcelot Wm. Andrews, St. Bartholomew's Hospital; George Henry Barker, B.Sc., Bristol Medical School; George Black, Guy's Hospital; Richard Oxley

Bowman, Owens College and Manchester Royal Infirmary; Walter Henry Brazil, Owens College; Jas. Joseph Buist, St. Bartholomew's Hospital; Frank Calder, Bristol Medical School; Frances May Dickinson, London School of Medicine for Women; Charles Duer, University College; Thomas Jas. Dyall, St. Bartholomew's Hospital; Alfred Downing Fripp, Guy's Hospital; Thos. Ashton Goodfellow, Owens College and Manchester Royal Infirmary; Albert Green, Guy's Hospital; William Griffiths, B.Sc., Middlesex Hospital; Julius Hamel and Alan Jasper Heath, University College; Philip Henry Hensley, King's College; Ernest Wickham Hore, University College; Charles Rowe Killick, London Hospital; Henry Ernest Knight, St. Bartholomew's Hospital; Mary A. McCulloch Knight, London School of Medicine for Women; Milton Prentice Ledward, Owens College and Manchester Royal Infirmary; Charles Pardey Lukis, St. Bartholomew's Hospital; George John Padbury, Guy's Hospital; Edward Percy Paton, Ransom Pickard, and Geo. Henkell D. Robinson, St. Bartholomew's Hospital; Joseph Crofts Rossall, St. Mary's Hospital; Arnold Scott, Guy's Hospital; John Alexander Shaw-Mackenzie, University College; Ernest Hugh Snell, B.Sc., Queen's College, Birmingham; Frank Barber Wells, University College; John Price Williams, Owens College and Manchester Royal Infirmary; Robert Edwin Williams, Guy's Hospital.

UNIVERSITY OF CAMBRIDGE.—At a congregation, held on the 21st inst., the degree of M.B. was conferred on the following gentlemen:—

Bachelors of Medicine.—Francis Hodson Bromhead, Jesus; Basil de Beauvoir Carey, Emmanuel.

At the same meeting the following statute was made as regards the persons to be considered *in statu pupillari*—viz., undergraduates, Bachelors of Music, Law, Arts, and Surgery. The following shall be deemed not to be *in statu pupillari*—viz., Bachelors of Medicine, Doctors designate in Music, Inceptors in Arts, Law, or Surgery.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—FELLOWSHIP EXAMINATIONS.—The following gentlemen, having passed the necessary examination, were admitted by the President Fellows of the College:—

Robert de la Cour Corbett, Surgeon-Major, Medical Staff, M.D., Mast. Surg. 1867, Queen's Univ.; John Keatly, Surgeon, Medical Staff, L.R.C.S.I. 1885, L.K.Q.C.P.I. 1885; William Henry Steele, Surgeon-Major, Medical Staff, L.R.C.S.I. 1865, M.B. 1866, M.D. 1871, Univ. Dub.

SOCIETY OF APOTHECARIES OF LONDON.—The following candidates, having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and were admitted as Licentiates of the Society on Nov. 20th:—

Gilpin, Frank, Middlesex Hospital.
Heywood, Charles Christopher, St. Thomas's Hospital.
Jones, Evan, Middlesex Hospital.
Lowsley, Lionel Dewe, St. Bartholomew's Hospital.
Ramsden, Herbert, Owens College, Manchester.

THE Jubilee Memorial wing of the Dover Hospital was opened on the 21st inst. It has cost £3000.

THE DENTAL HOSPITAL.—Sir Richard Webster, Q.C., M.P., Attorney-General, has accepted the office of a vice-president to this hospital.

THE GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY, CARDIFF.—Generous donations continue to be made towards the building fund of this institution. The total now promised amounts to £2896 10*s.*

CEMETERY FOR BATTERSEA.—We understand the Home Secretary has granted a certificate for adapting part of the Hobuld's Farm, Morden estate, as a cemetery for the parish of Battersea.

CENTENARIANS.—During the September quarter the deaths of ten centenarians were registered in Ireland. One took place at 100 years, two at 102, two at 103, one at 104, one at 105, two at 107, and one at 111 years respectively.

ROYAL INSTITUTION.—The Christmas Lectures (adapted to a juvenile auditory) will this year be given by Professor A. W. Rücker, F.R.S. (Professor of Physics in the Normal School of Science and Royal School of Mines), on Electricity. They commence on Saturday, Dec. 28th.

THE SANITARY INSTITUTE.—At an examination held on Nov. 21st and 22nd, sixty-nine candidates presented themselves, of whom thirty-nine were certified to be competent, as regarded their sanitary knowledge, to discharge the duties of inspector of nuisances.

FIRE AT A LUNATIC ASYLUM.—A telegram from New York states that on the evening of the 25th inst. a fire broke out at a large asylum for the insane at Blackfoot, Idaho. Despite the most strenuous efforts to save the unfortunate inmates, eight perished before they could be brought to a place of safety. The building was burned out, and the loss is estimated at £60,000.

MEXBOROUGH MONTAGU COTTAGE HOSPITAL.—Mr. P. S. Macliver has offered to give a locker to each bed at this new hospital.

HABITUAL DRUNKARDS IN NORWAY AND SWEDEN are imprisoned and have to submit to a plan of treatment which is said to produce most satisfactory results. The delinquents are fed only with bread steeped in wine for an hour before the meal is served. Experience shows that a period of from eight to ten days of this regimen is generally sufficient to make a man evince the greatest aversion to anything in the shape of wine.

CARNARVONSHIRE AND ANGLESEY INFIRMARY AND DISPENSARY.—At the annual meeting of the governors of this institution held last week, the report and statement of accounts, which were adopted, showed that there had been an increase in the receipts of £95 2*s.* 4*d.*, and a diminution in the expenditure of £72 7*s.* 3*d.*, the latter being brought about by the excellent management of the institution.

OPEN SPACES.—ANOTHER GIFT TO LONDON.—On behalf of a committee, of which he is the chairman, the Duke of Westminster has asked the London County Council to accept the Royal Victoria Gardens (lately North Woolwich Gardens) as a recreation ground for the public use. The purchase money amounted to £19,000, and there has been a further outlay of £1500, towards which the Council are requested to contribute £1000.

THE CARDIFF INFIRMARY.—Lord Tredegar presided at a well attended meeting of the Governors of the Glamorganshire and Monmouthshire Infirmary, held at the Town Hall, Cardiff, on the 14th inst. The object of the meeting was to take into consideration a scheme for the proposed extension of the building. The report, which was adopted, recommended the erection of an entirely new pavilion block, to contain sixty beds, the estimated cost of which is about £6000.

GUY'S HOSPITAL SPECIAL FUND.—The object of this fund—viz., to raise £100,000—has practically been attained. In addition to upwards of £91,000 received in cash, £3000 has accrued by interest, and legacies and donations payable by annual instalments remain to be received. But the governors require further pecuniary help before they can open and utilise about 100 beds which they still have. In consequence of the agricultural depression, the income of the institution has been reduced by £15,000 a year.

QUEEN'S COLLEGE, BIRMINGHAM.—There are at the present time several entrance scholarships awarded by the College. These, however, are all confined to the sons of medical men. At a recent meeting the Council decided, in view of the present satisfactory growth of the school, to establish an open entrance scholarship of the value of £31 10*s.* The examination for the scholarship will be held each October, and the subjects will be—Latin, French or German, Mathematics, Chemistry of Non-metals, and Elementary Biology.

FOOTBALL CASUALTIES.—In a football match, played under the Rugby rules, at the Training College, Winchester, on the 22nd inst., a student named Cheesman was so violently kicked that his spine, it is feared, is injured.—While at practice at football on the Hungerford Downs last week, Mr. S. Hawkes, jun., was charged by another player, and his collar-bone was broken.—At Belfast, last week, a young man named McBain, of the Belfast Caledonians, whilst playing at football against the Black Watch Club had his leg broken; and another player, named Calvert, during a juniors' match at Belfast, sustained a fracture of the knee-cap.

NORTH LONSDALE HOSPITAL.—At the annual meeting of subscribers to the North Lonsdale Hospital, held last week, and at which a number of working men from some of the large local works were present, the report regretted the increase in the number of accidents during the past year, there having been an excess of fifty-six in-patients and 244 out-patients compared with the previous year. Unfortunately, in nine cases the injuries were so severe that the lives of the sufferers could not be saved. As regarded the financial position of the hospital, there was on June 30th last a balance due to the bank of £78 19*s.* 5*d.* That debt had been wiped out, and the hospital had now a balance at he bank of £37 16*s.* 5*d.* The report was adopted.

MEDICAL MAGISTRATE.—The Lord Chancellor has added the name of Mr. B. A. Daniell, L.R.C.P., &c., Lond., to the Commission of the Peace for the Borough of Aberavon.

RABIES.—The number of dogs in England officially reported during the week ending Nov. 16th as affected with rabies was eight against four in the previous week. Of these, six were killed and two died. The distribution was as follows:—Surrey three, London two, and Hertford, Lancaster, and York (West Riding) one each.

INDECENT PAMPHLETS.—At the Marylebone Police Court this week a man was charged with distributing a quack doctor's handbills by depositing them in the letter-boxes of private houses in the Adelaide-road, South Hampstead. The magistrates, in discharging the prisoner, said that a new Act of Parliament would come into force on Jan. 1st next, which would make conduct of this kind a criminal offence, not only against the person distributing the bills, but especially against the person causing the bills to be distributed.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION. — A quarterly meeting of this Association was held in the hall of the Royal College of Physicians in Edinburgh on Thursday, Nov. 14th, Dr. Yellowlees in the chair. Dr. Campbell Clark showed the plans of the new Lanark District Asylum. Dr. Urquhart read notes on a case of Cerebral Tumour, with remarks by Dr. Byrom Bramwell. Dr. Mackenzie (Morpeth) read a paper on Sulphonal. There was a full attendance of members, and the discussion elicited by the papers read was exhaustive and interesting.

PRESENTATIONS.—On the 21st inst., the nurses and officers of the Lambeth Infirmary presented Dr. Grosvenor Shaw, the assistant medical officer, with a very handsome cut glass and plate sideboard piece. Handsome as the gift was, much more so were the kind and appreciative feelings which prompted the presentation.—Mr. D. S. Park, medical officer of health for Houghton-le-Spring and district, has been presented by the local sanitary authority with a cheque for £30, "as an acknowledgment of the satisfactory way in which he discharged his duties as medical officer of health during the recent trying epidemic of enteric fever at New Herrington."

PROVINCIAL SUNDAY AND SATURDAY HOSPITAL COLLECTIONS.—The workmen at Messrs. J. C. Johnson & Co.'s Cement Works, Gateshead, have appropriated as follows the amount collected for the Charity Fund:—Newcastle Infirmary, £30; Hospital Saturday Fund, £18; Gateshead Dispensary, £10; and the Gateshead Children's Hospital, £5. The recent Hospital Saturday collection at Torquay realised £52 2*s*. The Gainsborough Hospital Saturday collection for the Leeds Eye and Ear Infirmary and Lincoln County Hospital amounts to £147. The United Trades of Coventry Hospital Saturday Fund amounted to £564 5*s*. 1*d*.

ROYAL ALBERT HOSPITAL, DEVONPORT. — The twenty-sixth annual report states that the average number of patients under treatment during the past year had been 41·31, a considerable increase on the previous year. The average cost per bed was £44 9*s*. 5*d*. Three hundred and fifty-three operations had been performed. In the out-patients' department 1240 casualties were attended to, 64 being fractures and dislocations; 59 in-patients were received in the ophthalmic department, and 561 out-patients attended by the ophthalmic surgeon. Nine persons availed themselves of the Home Wards, and the amount paid was £88. The number of members on the Provident Dispensary was 2949. The balance-sheet shows a deficit of upwards of £60.

NORTH STAFFORDSHIRE INFIRMARY.—The annual report, issued last week, shows a very satisfactory financial position of the institution, which appears to have been always liberally supported by the public alike in subscriptions, donations, and legacies. The auditor's report states that the income was £11,268, an increase of £1509 on the previous year, and the expenditure (exclusive of £1000 invested in the Government funds) was £9418. The general committee report that during the year 11,018 patients had been treated. The report of the trustees of Sir Smith Child's North Staffordshire Convalescent Endowment Fund and Incurables' Fund states that these now amounted to £6210. During the year 133 patients had been sent to various convalescent institutions.

THE DANGER OF OVERHEAD WIRES.—One of the telegraph wires passing over Fleet-street diagonally from the corner of Chancery-lane to the south side snapped on Monday morning and fell into the street. Fortunately the wire was a light one, and, though in its descent several persons were struck, no one seemed to be seriously injured. One gentleman, however, received a bruise some four or five inches long on the side of the neck. This danger is obviously one of more pressing consideration at this season of the year, when snowstorms are rife.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ABBOTT, F. C., L.R.C.P., M.R.C.S., has been reappointed Resident House Physician to St. Thomas's Hospital.

ANSON, G. E., M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., has been appointed Resident Accoucheur to St. Thomas's Hospital.

BANKS, L. P., L.K.Q.C.P. Irel, has been appointed Medical Officer of the Sharnbrook District, Bedford Union.

BETTS, F. B., L.R.C.P. Lond., M.R.C.S., Resident Obstetric Assistant, has been appointed Junior House Surgeon to the Westminster Hospital.

BOYCOTT, A. N., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.

CHAPLIN, ARNOLD, M.B., B.A., B.C. Cantab., has been appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria-park, vice R. Courteen, M.B., resigned.

COWEN, T. P., L.R.C.P., M.R.C.S., has been appointed Assistant House Surgeon to St. Thomas's Hospital.

DE JERSEY, W. B., L.R.C.P., M.R.C.S., has been reappointed Assistant House Physician to St. Thomas's Hospital.

DICKSON, T. H., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Throat to St. Thomas's Hospital.

EVANS, R. W. J., L.R.C.P., L.R.C.S. Edin., has been reappointed Medical Officer, Borough of Wrexham.

FEENY, J. A., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to the Lahardane Dispensary, Public Vaccinator and Medical Officer of Health to the District, and Surgeon to the Police.

FORWARD, F. E., L.R.C.P., M.R.C.S., has been reappointed Resident House Physician to St. Thomas's Hospital.

GALLOWAY, JAMES, M.A., M.B., M.R.C.P., has been appointed Demonstrator of Materia Medica to the London Hospital Medical College.

HUGHES, A. E. P., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Eye to St. Thomas's Hospital.

HULBERT, H. H., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.

IDDON, W. H., M.B. Lond., M.R.C.S., has been appointed Assistant Medical Officer to the Manchester Royal Infirmary.

JONES, H. S., F.R.C.S., L.S.A., has been appointed Clinical Assistant for Diseases of the Skin to St. Thomas's Hospital.

LAKE, R., L.R.C.P., M.R.C.S., has been reappointed Clinical Assistant for Diseases of the Ear to St. Thomas's Hospital.

LAMBERT, T. W., L.R.C.P., M.R.C.S., has been reappointed Clinical Assistant for Diseases of the Skin to St. Thomas's Hospital.

LAWS, W. G., M.B., C.M. Edin., has been reappointed Clinical Assistant for Diseases of the Eye to St. Thomas's Hospital.

LEA, ARNOLD W. W., M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the Manchester Royal Infirmary.

LEWIS, CHRISTOPHER J., M.D., late Assistant Surgeon, has been appointed Honorary Surgeon to the Ear and Throat Hospital, Birmingham.

MILTON, F. R. S., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.

MUGFORD, S. A., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the Wix District, Tendring Union.

NEALE, J. HEADLEY, M.B. Edin., M.R.C.P. Lond., late Assistant Physician, has been appointed Honorary Physician to the Leicester Infirmary and Fever House, vice Dr. Blunt, deceased.

OSBURN, H. B., L.R.C.P., M.R.C.S., has been appointed Senior Obstetric Clerk to St. Thomas's Hospital.

PICKEN, JAMES, M.B., C.M. Glas., has been appointed Medical Officer to the Rawmarsh District, Rotherham Union.

PINKERTON, ROBT. LACHLAN, M.B., C.M. Glas., has been appointed House Physician to the City of London Hospital for Diseases of the Chest, Victoria-park.

PRATT, REGINALD, M.D. Lond., &c., late Honorary Assistant Surgeon, has been appointed Honorary Assistant Physician to the Leicester Infirmary and Fever House.

REES, JOHN MILSOM, M.R.C.S., L.R.C.P. St. Bart.'s, has been appointed Junior Resident Medical Officer to the North-West London Hospital, Kentish Town-road.

ROE, M. W., M.R.C.S., L.S.A., has been appointed Medical Officer of the Wincanton District and the Workhouse, Wincanton Union.

SPENCER, M. H., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., has been reappointed Non-resident House Physician to St. Thomas's Hospital.

SPICER, W. J. HOLMES, M.A., M.B., F.R.C.S., has been appointed Ophthalmic Surgeon to the Victoria Hospital for Sick Children, Chelsea, vice Wm. Adams Frost, F.R.C.S., resigned.

STABB, A. F., L.R.C.P., M.R.C.S., has been appointed Assistant House Surgeon to St. Thomas's Hospital.

STEEL, A. R., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer of the Sandal Magna District, Wakefield Union.

TAYLOR, J. W., F.R.C.S. Eng., has been appointed Honorary Consulting Surgeon, Wolverhampton and District Hospital for Women.

TOLLER, S. G., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Throat to St. Thomas's Hospital.
TURNEY, H. G., M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S, has been reappointed House Surgeon to St. Thomas's Hospital.
WICKHAM, G. H., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Ear to St. Thomas's Hospital.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

CANCER HOSPITAL (FREE), Fulham-road, S.W.—Assistant Anæsthetist.
GREAT YARMOUTH HOSPITAL.—Surgeon. Terms, salary £80 and £10 for all liquors.
KING'S COLLEGE HOSPITAL, London.—Assistant Physician for Diseases of Women and Children, and Assistant Accoucheur. Also Assistant Surgeon.
LONDON HOSPITAL, Whitechapel-road, E.—Surgical Registrarship. Salary £100 a year.
LOUGHBOROUGH MEDICAL AID ASSOCIATION.—Senior Medical Officer. Salary £200 per annum, with house rent and rates free, £10 in lieu of coal and gas, and a fee of 10s. for each case of midwifery attended.
MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich-road, S.E.—Junior Resident Medical Officer. Salary £30 per annum, with board, attendance, and washing. The post is tenable for six months with prospect of re-election as senior.
OLDHAM INFIRMARY.—House Surgeon. Salary £80 per annum, with apartments and board.
ROYAL UNIVERSITY OF IRELAND, Dublin.—Examiners. Two in Midwifery, two in Medical Jurisprudence, and two in Materia Medica.
WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—Resident Assistant for six months. Board, lodging, and washing provided.
YORK COUNTY HOSPITAL, York.—Assistant House Surgeon. Salary £40, with board and residence.

Births, Marriages, and Deaths.

BIRTHS.

CHAWNER.—On Nov. 15th, at Clay Cross, Derbyshire, the wife of Alfred Chawner, L.R.C.P.Lond., M.R.C.S., of a son.
CRESSWELL.—On Nov. 18th, at Dowlais, Glamorgan, the wife of Colonel Pearson R. Cresswell, F.R.C.S., of a daughter.
MORTIMER.—On Nov. 24th, at Harrowby House, Lennox-road, Southsea, the wife of Inspector-General E. T. Mortimer, R.N., of a daughter.
PLAYFAIR.—On Nov. 22nd, at Melville-crescent, Edinburgh, the wife of John Playfair, M.B., F.R.C.P.E., of a son.
POLLOCK.—On Nov. 25th, at Park-street, Grosvenor-square, W., the wife of Dr. W. Rivers Pollock, of a son.

MARRIAGES.

BARBOUR—BROWN.—On Nov. 27th, at St. Leonards, Edinburgh, by the Rev. Alex. Whyte, D.D., and the Rev. R. W. Barbour, M.A., Alexander Hugh Freeland Barbour, M.D., to Margaret Nelson, eldest daughter of the late Hon. George Brown, of Toronto, Canada.
BORROWMAN—MACKINTOSH.—On Nov. 25th, at St. Andrew's Church, Colombo, Ceylon, Philip Grierson Borrowman, M.B., C.M., to Elizabeth Gordon, fourth daughter of the late Rev. Charles Calder Mackintosh, D.D., of Tain and Dunoon.
KNIGHT—BARNES.—On Nov. 20th, at St. Mary's, Stanwell, Middlesex, Edward Knight, M.R.C.S., son of E. Knight, Esq., of Weston-super-Mare, to Mary Violett, eldest daughter of J. W. Barnes, F.R.C.S., of Stanwell Moor.
LARDER—SHERE.—On Nov. 19th, at St. Saviour's Church, Bath, by the Rev. J. A. Jacob, Vicar, Herbert Larder, M.R.C.S., L.S.A., Medical Superintendent, Whitechapel Infirmary, London, to Mary, eldest daughter of the late Thomas Shere, Esq., of Berwick St. John, Wilts.
MCNALLY—COKE.—On Nov. 5th, at St. George's Cathedral, Madras, by the Venble. Archdeacon Brown, Surgeon-Major Christopher J. McNally, M.D., son of the late C. McNally, Esq., solicitor, of Dublin, to Hester Marion, daughter of W. S. Coke, Esq., D.L., of Brookhill Hall, Derbyshire.
NORTHCOTE—WELLS.—On Nov. 21st, at Christchurch, Catshill, Bromsgrove, by the Rev. J. W. H. Carr, Vicar of St. Mary's, Hull, stepfather of the bridegroom, assisted by the Rev. J. Kidd, Vicar of the parish, Augustus Beauchamp Northcote, M.B. (Edin.), eldest son of the late Augustus Beauchamp Northcote, M.A. (Oxford), to Lilian Florence, eldest daughter of Thomas Wells, of Fockbury, Bromsgrove.
SPOWART—HERZ.—On Nov. 21st, at the British Legation, Darmstadt, William Ribton Spowart, B.A., M.B., &c., Norwich, to Amélie Wilhelmina, only daughter of Siegmund Herz, of Mayence, Germany.

DEATHS.

DEYNS.—On Nov. 10th, at North Walsham, Frederick Deyns, M.D. (New York), L.R.C.P. Lond., M.R.C.S., aged 60.
KERSEY.—On Nov. 22nd, at Raby, Bournemouth, Robert Cooper Kersey, M.D., aged 73.
ROTHWELL.—On Nov. 20th, at Bridge-street, Bolton, Charles Rothwell, M.R.C.S., aged 62.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, December 2.

CHARING-CROSS HOSPITAL.—Operations, 3 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.
SOCIETY OF ARTS.—8 P.M. Mr. William Jago: Modern Developments of Bread Making. (Cantor Lecture.)
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Bruce Clarke: Four Years' Experience of Electrolysis in Stricture of the Urethra.—Dr. Lewers: Some Points in the Diagnosis of certain Ovarian Tumours from Fibroid Tumours of the Uterus, with notes of an illustrative case.

Tuesday, December 3.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.
GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON (at 20, Hanover-square).—8.30 P.M. Dr. Ormerod: Gummata of Pons Varolii.—Mr. Roger Williams: So-called Diffuse Lipoma.—Mr. Bland Sutton and Dr. Gordon Brodie: Adenomata (erosions) of Os Uteri in Macaque Monkeys.—Dr. Hale White: Ruptured Mitral Valve.—Mr. Golding Bird: Cases of Saccular Aneurysmal Dilatation of Veins.—Mr. Hurry Fenwick: Unusual Bladder Growths.—Dr. Hadden: (1) Small Cyst of Cerebellum; (2) Cast of Œsophagus expelled during life. Card Specimens:—Dr. Ormerod: Tubercular Disease of Pancreas.—Dr. Hawkins: (1) Malignant Endocarditis; (2) Aortic Stenosis of Twenty-four Years' Duration.—Dr. Hadden: Spontaneous Fracture of Gall-stones.

Wednesday, December 4.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M. Operations by the Obstetric Physicians on Thursdays at 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.
OBSTETRICAL SOCIETY OF LONDON (the Society's Library, 54, Berners-street, W.).—8 P.M. Specimens will be shown by Mr. Bland Sutton and others. Dr. Braxton Hicks: Case of Inversion of the Uterus.—Mr. Alban Doran: On Closure of the Osteum in Inflammation and allied Diseases of the Fallopian Tubes.—Mr. H. C. Hodges: (1) Notes of a case of Hæmatemesis in a newly-born Child; (2) Note of a case of Monstrosity.
SOCIETY OF ARTS.—8 P.M. Mr. Armand Ruffer: Rabies and its Prevention.

Thursday, December 5.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK, E.—4.30 P.M. Dr. Vincent Harris: On the Treatment of Bronchitis.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. Knowsley Thornton: The Surgery of the Kidney. (Harveian Lecture.)

Friday, December 6.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY (Board-room, West London Hospital).—8 P.M. After the Exhibition of Pathological Specimens, the following Papers will be read:—Mr. Bruce Clarke: His Surgical Practice at the West London Hospital during the past Nine Years.—Mr. Hurry Fenwick: An unusual case of Bladder Growth.

Saturday, December 7.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, November 28th, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Nov. 22	30·40	N.W.	46	45	..	52	37	..	Foggy
" 23	30 30	S.W.	51	50	..	56	45	..	Overcast
" 24	30 05	S.W.	52	51	57	53	49	·12	Raining
" 25	29·49	N.W.	46	46	74	49	45	·40	Raining
" 26	29·71	W.	35	34	62	46	34	..	Hazy
" 27	29·67	N.W.	33	32	42	37	32	·04	Hazy
" 28	30·17	N.W.	32	31	50	37	31	..	Bright

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE MOON DEFENCE FUND.

THE following further subscriptions have been received:—James F. Goodhart, M.D. (Weymouth-street), £2 2s.; Mr. Cock (Queen's-road), £1 1s.; Mr. R. Denison Pedley (Railway-approach, London-bridge), £1 1s.; Dr. Porter, £1 1s.

C. M. F.—Both sets of appointments are in the gift of the President of the Local Government Board for the time being. The appointment of a general inspector has hitherto been regarded as a matter of political patronage. As to the medical inspectors, it is evident from previous appointments that, if political and other allied interests avail, it is only as a secondary consideration, recognised fitness for the duties attaching to the office being essential. In either case applications, addressed direct to the President, should be endorsed by some testimonials and introductions.

Malta.—We are afraid that a local diploma is necessary. Application should be made to the Secretary of the Medical Board, Valetta.

A Student had better make known her wishes by means of an advertisement.

CHEST PIECES TO STETHOSCOPES.

To the Editors of THE LANCET.

SIRS,—I have had one of the small annular air-cushions devised by Dr. Murray as a chest-piece for binaural stethoscopes in constant use for about two years, and find that it adds greatly to the ease and comfort both of auscultator and patient. The slightest pressure only is requisite to isolate the columns of air in the stethoscope, and it may be applied to any part of the chest-wall—a matter of difficulty in emaciated patients under ordinary conditions. I do not, however, quite think with Dr. Murray that the ring intensifies the sounds heard, but only apparently does so by its close apposition to the part to which it may be applied. I certainly think the stethoscope, as figured in THE LANCET for Nov. 16th, is the most useful instrument for everyday use yet introduced.

I am, Sirs, yours faithfully,

College-green, Bristol, Nov. 26th, 1889. WM. J. SPOOR.

THE LATE DR. CHARLES BLAND RADCLIFFE.

To the Editors of THE LANCET.

SIRS,—It may be of interest to your readers to know that a committee has been formed for the purpose of founding a pension for the incurable in memory of the late Dr. Radcliffe, and in connexion with the National Hospital for the Paralysed and Epileptic in Queen-square, Bloomsbury, with which institution Dr. Radcliffe's name has been long and honourably associated. Donations will be received by Lady Taunton, honorary treasurer of the fund, and may be addressed to her at the hospital.

I am, Sirs, yours obediently,

Brunswick-gardens, Campden-hill, W. M. L. PARKER, Hon. Sec.

TOTAL ABSTINENCE IN RELATION TO HEALTH.

AT a meeting of the British Medical Temperance Association, held in the rooms of the Medical Society of London on Nov. 26th, Dr. B. W. Richardson, who presided, challenged the truth of the statistics recently published professing to show that total abstinence shortened life. A report was read on 279 returns of medical officers of workhouses as to the use or disuse of alcohol therein. Of 208 replies to the query, "How do you consider the health of those paupers to be affected to whom alcoholic liquors are not supplied?" 73 medical officers state that the health was better, 125 that it was unaffected, 2 that it was worse, and 3 that the sick were worse without alcohol. Again, of 223 replies to the question, "Is it your opinion that the lives of paupers have been shortened, even by a few months, by the withdrawal of alcoholic liquors?" 19 say life is prolonged, 160 say it is not shortened, the two together being over 80 per cent.; 29, or 13 per cent., say it is shortened; 15, or 7 per cent., say it is shortened in the case of sick persons. The balance of medical opinion and observation is therefore, says the report, overwhelmingly in favour of total abstinence as conducive to the health and longevity of paupers.

Mr. Montagu Palmer.—Such an occurrence without injury to the side is extremely improbable. Fracture of a rib may be due to muscular action, but is of rare occurrence, and unlikely in one suffering from illness. The possible softening of a bone by new growth must, however, be borne in mind. Our correspondent's suggestion as to a muscular affection as the cause of the pain is most probably the correct one.

Medical Etiquette.—Our correspondent seems to have acted courteously and quite within his rights. He will act magnanimously in making allowance for a neighbour less fortunate and successful than himself. We should not advise his carrying the war into his neighbour's village.

Mr. B. H. Mumby.—The book is published by Mr. Charles Stocker, Birmingham.

Dr. Bell Taylor.—We are unable at present to make a definite promise.

THE LATE MR. HAYNES WALTON.

To the Editors of THE LANCET.

SIRS,—In your obituary notice of the late Mr. Haynes Walton you say, "The article on 'Operative Surgery' in Druitt's book was from Mr. Haynes Walton's pen." I venture to think that that is a mistake. That Mr. Haynes Walton fully and carefully revised, more than once, the chapter in Druitt's "Vade-Mecum" on "The Operations of Surgery"—Druitt does not himself use the phrase "operative surgery"—is unquestionable; but in looking through the tenth and eleventh editions of the work I have found only one instance in which Druitt states that an article had been written for him—a short article from the pen of Dr. B. W. Richardson, on "Artificial Respiration." In the preface to the tenth edition of his book (1870) Druitt writes: "The chapters on the surgical operations were most carefully rewritten about fifteen years ago, and new engravings made from a series of operations on the dead body, under the superintendence of that dextrous surgeon, my staunch friend, Haynes Walton." But it is not said who rewrote the article, and Druitt was always most generous in his praise of those who had helped him. When the tenth and the eleventh editions of the "Vade-Mecum" were being prepared for the press Druitt was unable from illness to do much of the work, and in 1870 and in 1877 the labour and responsibility of revising the whole of the tenth and the later two-thirds of the last editions were undertaken by his old and tried friend, Prof. John Wood, of King's College Hospital.

I am, Sirs, yours faithfully,

Grosvenor-street, W., Nov. 26th, 1889. WM. CHOLMELEY.

REVIVAL OF AN OLD REMEDY FOR TOOTHACHE.

To the Editors of THE LANCET.

SIRS,—In THE LANCET for the 16th inst. I find it stated that a Russian practitioner recommends the use of hyoscyamus seeds for toothache. "His plan is to burn the seeds, and to convey the smoke through a little paper tube to the hole in the tooth." The method described was a favourite practice of Andrew Borde of Pevensy, in Sussex, who in 1542 obtained the M.D. degree at Montpelier in France, and afterwards at Oxford University. It is described in his "Breviarie of Health," published in London in 1547, and is included in the list of anæsthetics in my book, "Anæsthetics, Ancient and Modern." Borde was first physician to Henry VIII. He published seven books, one of which he dedicated "to the lady Mary," daughter of Henry VIII. He ultimately lost favour at Court, and died in the Fleet Prison in the year 1549.

I am, Sirs, yours truly,

Dublin, November, 1889. GEORGE FOY.

MEDICAL DEFENCE UNION.

To the Editors of THE LANCET.

SIRS,—We are requested by Dr. Bantock, the hon. treasurer of the Union, to ask you to allow us to acknowledge in THE LANCET the receipt of a cheque for ten guineas from Sir Andrew Clark towards the funds of the Union.—We are, Sirs, yours truly,

LESLIE PHILLIPS, } Hon. Secs.
A. BATEMAN, }

Nov. 27th, 1889.

JUMBO'S SKELETON.

THOSE visitors to Mr. Barnum's Exhibition who take an interest in comparative anatomy will be pleased to see the able manner in which the skeleton of this unfortunate elephant has been mounted. The epiphysial extremities of the long bones are well preserved, and it is evident that he had by no means arrived at his maximum height when he was accidentally killed. Some of the epiphyses vary greatly from those which occur in the human skeleton.

Dr. John Easton.—The official who in Paris acts as general sanitary inspector is M. Louis Masson. His offices are at No. 6, Avenue Victoria, and immediately opposite the Hôtel de Ville. The articles describing the new police regulations on domestic drainage in Paris appeared in THE LANCET of April 20th, 27th, and May 4th.

Mr. Roger N. Goodman.—The book can no doubt be obtained by order of any bookseller.

Sanitas has not enclosed his card.

"HOSPITAL CONSTRUCTION AND ADMINISTRATION."

To the Editors of THE LANCET.

SIRS,—If "Hospital Surgeon," in your issue of the 9th inst., will refer to Dr. Oppert's book on Hospital Construction, he will find (p. 57) that "it is important that nurses should sleep as far from the wards as possible"; and (p. 13) that "there are certain reasons why we should avoid having more than two floors in a building intended for a hospital."

I am, Sirs, yours faithfully,

Nov. 26th, 1889. ANOTHER HOSPITAL SURGEON.

Dubious.—We have failed to confirm our correspondent's observation in the specimen sent to us. Still, its correctness need cause no great surprise; nor is the disinfectant action referred to in operation in the dried state of the leaf.

W. F. had better put his question to the Secretary of the College.

ERRATUM.—Our attention has been called to an error of transposition which occurred on page 817 in THE LANCET of Oct. 19th, in an article on the Paris Universal Exhibition. Speaking of the Eau Dentifrice du Docteur Pierre, our correspondent is made to say: "The advantage which Dr. Pierre claims for his dentifrice is absolute freedom from acids and aromatic and astringent qualities." Whereas the passage should have read—"The advantages which Dr. Pierre claims for his dentifrice are its aromatic and astringent qualities and its absolute freedom from acids."

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Savage, London; Dr. Boobbyer, Nottingham; Sir W. B. Dalby, London; Mr. F. Treves, London; Dr. Sutherland, London; Mr. R. H. S. Carpenter, London; Dr. Cholmeley, London; Mr. Rauschke, London; Dr. F. P. Atkinson, Surbiton; Mr. W. T. Thomas, Liverpool; Dr. Illingworth, Accrington; Mr. Margrave, Llanelly; Dr. Waugh, London; Mr. H. Finlay, London; Mr. Towers-Smith, London; Dr. Leslie Phillips, Birmingham; Dr. Martin, Philadelphia; Dr. Urquhart; Dr. Crooke, Birmingham; Dr. Murrell, London; Mr. Callard; Dr. Althaus, London; Dr. Xercavius, Barcelona; Mr. Stretton, Leicester; Messrs. Cox and Co., Brighton; Dr. S. J. Taylor, Norwich; Messrs. Wright and Co., Bristol; Dr. Sick, Dublin; Dr. Redfern, Croydon; Mr. Martin Fox, Coleshill; Mr. G. Foy, Dublin; Dr. Bronner, Bradford; Mr. M. Palmer, Newbury; Dr. Edridge-Green, London; Dr. Northrup, New York; Mr. Ellis, Gloucester; Dr. Overend, Heidelberg; Dr. Inglis Parsons, London; Professor Windle, Birmingham; Messrs. Green and Co., Birmingham; Mr. A. C. Waters, London; Messrs. Eason and Son, Dublin: Dr. Rentoul, Liverpool; Messrs. Foster, Brown, and Co., Montreal; Mr. Walter, Manchester; Mr. Wherry; Messrs. Squire and Sons, London; Mr. B. Walton, London; Dr. E. May, Hanwell; Mr. S. H. Morley, London; Dr. Powell, Toronto; Dr. H. C. Wood, Philadelphia; Staff Surgeon Corrie; Mr. Salter, Edinburgh; Mr. T. Bates, Worcester; Mr. Staveley, London; Mr. D. S. Park, Houghton-le-Spring; Mr. H. Vickers; Mr. Hornibrook; Mr. Nethersole, Farnborough; Mr. E. C. Perry, London; Dr. Walters, London; Mr. A. Clarke, Street; Dr. Janssens, Brussels; Mr. Wilkins, Coventry; Dr. B. Freire, Rio; Mr. Tyerman, Lewisham; Dr. Keith, London; Mr. A. D. Graham, London; Mr. T. W. Nunn, London; Dr. Maclagan, London; Mr. Williams, Oswestry; Dr. Vacher, Cardiff; Mr. Jeaffreson, Northumberland; Mr. Tulloch, Orkney; Mr. Lander, Batley; Mr. Salkeld, Runcorn; Mr. Pike, Edinburgh; Dr. Field, Clapham; Dr. Gangitano, Naples; Mr. Mather, Manchester; Mr. Cole, Exeter; Mr. Heaton, Birmingham; Mr. Deyns, Stratford; Dr. B. Rogers; Messrs. E. and S. Livingstone, Edinburgh; Dr. McMordie, Belfast; Messrs. Ridge and Sons, Wolverhampton; Dr. Easton, London; Mr. Cantlie, Hong Kong; Mr. Poland, London; Dr. F. W. E. Hare, Brisbane; Dr. Spear, Bristol; Mr. Harding, Loughboro'; Mr. Frost, London; Mr. Gaver, Ipswich; Mr. Farnham, Whitton; Mr. Pouget, London; Messrs. Lea and Martin, Birmingham; Mr. Alexander, Norwich; Messrs. Parkin and Gotto; Mr. Davenport, London; Mr. Thomas, Bagillt; Mr. Penfold, York; B. D., London; T. G. H.; W. F.; Another Hospital Surgeon; C. M. F.; Clinique, London; Kosmos, London; Imperial Granum Co., New Haven, U.S.A.; Ogden, London; Union, London; Not a Doctor; Malta; A. R. T., Norwich; F. B., London; M.D., Matlock-vale; S., St. George's; Dubious.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Tully, Hastings; Mr. Ungent, Ireland; Mr. Harrison, Yorks; Mr. Morgan Evans, Radnor; Mr. Tyte, Minchinhampton; Messrs. Russell and Co., Liverpool; Mr. Bond, Leicester; Dr. Ralfe, London; Mr. Irving Day, Staplehurst; Dr. Fleming, Tufnell-park; Messrs. Burgoyne and Co., London; Miss Mollett, Chelsea; Mr. Peterkin; Messrs. Brady and Martin, Newcastle-on-Tyne; Mr. Kennish, Herts; Messrs. Gale and Co., London; Dr. Stewart, Huddersfield; Mr. Broom, South Wales; Mr. Wilcox, Charlbury; Dr. Murray, Dublin; Messrs. Hedges and Butler, London; Mrs. Jagger, Yorks; Dr. Vernon, Yeovil; Dr. S. Davies, Bridgend; Mr. Eyre, Pontypool; Mr. Jolly, Birmingham; Mr. Devlin, Bromley; Mr. Cleveland, Hants; Mr. Sutcliffe, Chelmsford; Mr. Dingle, Bath; Miss Hunter, Manchester; Mr. Wilson, Melbourne; Mr. Leech, Clifton; Mr. Gomersall, Morley; Mr. Choppin, Colchester; Mr. Coward, Huddersfield; Messrs. Maclachlan and Co., Edinburgh; Mr. Phillips, Hednesford; Mr. Harrison, West Lexham; Mr. Skerritt, Bristol; Mr. Poole, Lancs.; Dr. Tomlin, Wood Green; Dr. Byrne, co. Cork; Dr. Latham, Ashton; Messrs. Farrant and Co., Exeter; Mr. Heywood, Manchester; Mr. Nicholls, Bury St. Edmunds; Messrs. Quibell Bros., Newark; Mr. Crasswellir, Highbury; Mr. Hubbersty, Stamford; Mr. Fuge, Taunton; Mr. Rowe, Cornwall; Mr. Hamilton, Lancs.; Dr. Stewart, Fulham; Rev. E. Lacon, Stockbridge; Mr. Hamilton, Staffs.; L. M., London; Nemo, London; Manager, General Apothecaries' Co., London; Secretary, Hospital for Women, Soho-square; C. F., London; M., London; Hon. Sec., Oldham Infirmary; Medicus, Warrington; P. S., Todmorden; Physician, Manchester; Peritus, London; L.S.A., York; Hospital, York; Sigma, Manchester; Alpha, London; Johannisberg, London; K., Bedford; Edina, London; X., London; Orion, London; Q. Z., London; Pax, London; Medicus, Walthamstow; Plasyndre, Newtown; P. L. M., London; M.D., London; Gorth, London; Medicus, Ilfracombe; X., Liverpool; M. O. S., London; Nomens, London; Secretary, Flintshire Dispensary; Gentian, London; Medicus, Clapham-road; Diploma.

Birmingham Daily Post, Reading Mercury, Mining Journal, Birmingham Daily Gazette, Surrey Advertiser, Echo, Weekly Free Press and Aberdeen Herald, Newcastle Daily Chronicle, Hertfordshire Mercury, Newcastle Daily Leader, North British Daily Mail, &c., have been received.

SUBSCRIPTION.

POST FREE TO ANY PART OF THE UNITED KINGDOM.

One Year	£1 12 6	Six Months	£0 16 3
TO CHINA AND INDIA		One Year	1 16 10
TO THE CONTINENT, COLONIES, AND UNITED STATES		Ditto	1 14 8

Post Office Orders and Cheques should be addressed to The Publisher, THE LANCET Office, 423, Strand, London, and crossed "London and Westminster Bank, St. James's-square."

ADVERTISING.

Books and Publications (seven lines and under)	£0 5 0
Official and General Announcements	0 5 0
Trade and Miscellaneous Advertisements	0 4 6
Every additional Line	0 0 6
Front Page per Line	0 1 0
Quarter Page	1 10 0
Half a Page	2 15 0
An Entire Page	5 5 0

The Publisher cannot hold himself responsible for the return of testimonials, &c., sent to the office in reply to advertisements; copies only should be forwarded.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post Offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on page 2, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

Advertisements are now received at all Messrs. W. H. Smith and Son's Railway Bookstalls throughout the United Kingdom and all other Advertising Agents.

Agent for the Advertisement Department in France—J. ASTIER, 66, Rue Caumartin, Paris.